

**ELIGIBILITY
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I. INTRODUCTION

The purpose of the Type 1 Diabetes Genetics Consortium (T1DGC) is to organize international efforts to identify genes that determine an individual's risk of type 1 diabetes. This will be facilitated by the creation of a resource-base of well-characterized families from multiple ethnic groups. In specified populations, there will be a case-control collection that will include individuals with type 1 diabetes and ethnically matched controls (to the extent possible) without any type of diabetes.

The diagnosis of type 1 diabetes must be firmly established according to study criteria including: age at onset; use of insulin; and absence of a concomitant disease or disorder causing the diabetes. Comprehensive questionnaires have been developed to ensure correct ascertainment.

In the North American Network, the *T1DGC North American Trio Pre-Eligibility Form* **must** be completed prior to completion of the *T1DGC Trio Eligibility Form* to determine the trio's eligibility. Comprehensive instructions (Q x Qs) for the pre-eligibility form are provided in Appendix A.

There are two versions of the *T1DGC Eligibility Form*. One eligibility form is completed per family, case or control either by the proband, case, or control, **or** by the guardian if the proband, case, or control is not old enough to provide consent. **The proband is the first child/person diagnosed with type 1 diabetes in a family.** The age at which an individual can provide consent varies from network to network. The *T1DGC Eligibility Form* is completed by the proband, the case or the control, if this individual is of legal age to give consent and it is determined by the clinic staff that the individual is able to understand and answer all questions. Regardless of which *T1DGC Eligibility Form* is completed, only one member of the family is interviewed.

Comprehensive instructions (Q x Qs) for the eligibility forms are provided in Appendices B and C (for ASP families), Appendices D and E (for trio families), Appendices F and G (for cases) and Appendices H and I (for controls).

II. STUDY ELIGIBILITY CRITERIA

A. Affected Sibling Pair (ASP) Family Structure

The ideal family structure needed for establishing this resource is: two type 1 diabetes-affected full siblings, both biological parents, and (up to) two unaffected full siblings. This family is referred to as an affected sibling pair (ASP) family. The minimum requirement is the inclusion of the affected sibling pair. The full family provides the **optimal information** and attempts should be made to include all family members as listed above.

The affected siblings cannot be identical twins. Only one individual of an identical twin pair can participate as an affected sibling. If the participants are unsure if they are identical or fraternal twins, both can be included. Both affected sibling and unaffected sibling who are identical twins can be included.

B. Trio Family Structure

The Asia-Pacific, European and North American Networks are collecting trio families in addition to ASP families. The ideal family structure is one type 1 diabetes-affected child and both biological parents. This is both the minimum and the maximum requirement. In the North American Network, a trio family is eligible if: both parents self-identify as African American, **or** both parents self-identify as Mexican American, **or** one parent self-identifies as African American and the other self-identifies as Mexican American.

C. Case-Control Collection

Specific clinics in the Asia-Pacific, European and North American Networks are participating in a case-control collection in addition to the ASP and trio collections. For the case-control collection, only individuals (*i.e.*, no families) are collected. Cases and controls may not be biologically related to each other. In the Asia-Pacific Network, case and control participants will be collected only in Cuttack, India. In the European Network, only Cameroon will participate in the case-control collection. In the North

American Network, a case or a control participant is eligible if the participant self-identifies as African American, or Mexican American, or both.

In networks that collect trio families, if the trio family is no longer eligible for any reason, the proband from the family may be converted to a case participant. See **Chapter XIV, Study Close-Out**, for more details.

D. Age at Diagnosis

Age at diagnosis of type 1 diabetes must be less than 35 years. This minimizes the participation of persons with other types of diabetes

E. Current Age

There are no exclusions based on current upper age. However, infants who have not reached their first birthday are ineligible. Individuals less than 12 months are prohibited from the required venous blood collection. Once a child passes their first birthday, they are considered eligible if all other study criteria are met. The participant's status is "PENDING" until this time.

F. Insulin Use

Insulin use is required within six months of diagnosis. Continuous use of insulin with the exception of short insulin-free periods (no longer than six months) is required. These criteria minimize the participation of persons with other types of diabetes. More than one interruption is permitted if each is within the allotted time period of six months.

G. Medical Conditions

Participants with the following genetic disorders or diseases are excluded. It is important that a medical professional has told the participant that he/she has one of these disorders or diseases before he/she is excluded from participation.

1. *Maturity onset diabetes of youth (MODY)*: A heterogeneous clinical entity characterized by early onset and autosomal dominant inheritance. Some are non-insulin dependent, whereas others may require insulin from onset.
2. *Mitochondrial DNA 3243 mutation*: The best-characterized and most common mutation of the mitochondrial gene. It may cause diabetes and deafness.
3. *Type A insulin resistance*: A syndrome characterized by insulin resistance and acanthosis nigricans (and hyperandrogenism in women).
4. *Leprechaunism*: A syndrome of severe insulin resistance.
5. *Rabson-Mendelhall syndrome*: A syndrome of moderate to severe insulin resistance; often associated with dysmorphic features.
6. *Lipoatrophic diabetes*: A heterogeneous group of disorders of lipid storage characterized by lipodystrophy; insulin resistance is a feature of this disorder.
7. *Wolfram's syndrome*: An autosomal recessive, rare, non-autoimmune syndrome characterized by insulin-dependent diabetes due to loss of beta cells, also known as DIDMOAD.

These are all rare medical conditions and are known to be associated with non-classical insulin-dependent diabetes. They represent genetic subtypes of diabetes and are often diagnosed at birth or in early infancy. The presence of any one of these conditions is an exclusion criterion.

H. Previous Participation in Genetic Studies

Participants or immediate family members who have previously participated in genetic studies such as HBDI, BDA-Warren I, SCAND, or in the T1DGC are ineligible for inclusion in the T1DGC. The T1DGC already has genetic information from

participants in these studies and does not want to recruit the same participants. Following is a brief description of the studies to be used if participants are unsure if they have participated in one of these studies.

Type 1 Diabetes Genetics Consortium (T1DGC): An international study taking place in Asia-Pacific, Europe, North America, and the United Kingdom. T1DGC will collect samples for creation of cell lines as well as plasma and serum samples from 2,800 ASP families as well as trio families, cases, and controls in low prevalence populations throughout the world.

HBDI (Human Biological Data Interchange): A repository that houses family collections of DNA used in genetic studies. The HBDI repository holds serum samples, immortalized cell lines and DNA from over 500 multiplex families with type 1 diabetes.

BDA-Warren I: Founded in 1989 and collected DNA samples from over 450 families with children with type 1 diabetes. These families had to have two or more children with type 1 diabetes and living parents.

SCAND: Study performed in Scandinavia (Denmark, Sweden, and Norway), that included more than 400 multiplex families (at least two affected individuals other than parent-child pairs) on whom a genome-wide search for type 1 diabetes susceptibility genes was performed.

III. REQUIRED ELEMENTS ON ELIGIBILITY FORM

There are several questions on the *T1DGC Eligibility Form* that must be answered before a participant can be included in the study. If one such answer is unknown at the time of initial screening, the participant's status is marked "PENDING" until the clinic can follow-up with the appropriate individuals to collect the information. All "PENDING" responses refer to eligibility criteria and must be resolved before the form is forwarded to the Regional Network Center or samples are collected.

Participants may need to contact physicians or other family members to obtain information. Table 1 outlines the questions that must be answered for the essential family members in order for a family's eligibility to be determined. Other questions that are non-essential should be followed up, but forms may be sent to the Regional Network Center when it has become apparent this information will not be found. In addition, for North American trio families, all questions on the *North American Trio Pre-Eligibility Form* must be completed in its entirety.

Table 1. Eligibility questions for inclusion in the T1DGC study.

Question Asked	Question # on ASP Proband Form	Question # on ASP Guardian Form	Question # on Trio Proband Form	Question # on Trio Guardian Form	Question # on the Case Form	Question # on the Case Guardian Form	Question # on the Control Form	Question # on the Control Guardian Form
Diagnosis with type 1 diabetes, type 2 diabetes or MODY	4	5	4	5	3	4	3	4
Previous participation in a genetic study	3	4	3	4	5	6	5	6
Birth origin, primary ethnic origin	N/A	N/A	N/A	N/A	4	5	4	5
Age of diagnosis	5, 13	7, 14	5	6	6	7	N/A	N/A
Insulin use within first 6 months of diagnosis	6, 14	8, 15	6	7	7	8	N/A	N/A
Continuous use of insulin for 6 months	7, 15	9, 16	7	8	8	9	N/A	N/A
Current age	9, 17	11, 18	9	10	10	11	10	11
Genetic disorders or diseases present	10, 18	12, 19	10	11	11	12	N/A	N/A
Willing to participate	11	13, 20	11	12	12	13	8	9
Biological father living/willing to participate	Not Required	Not Required	12	13a, 13b	N/A	N/A	N/A	N/A
Biological mother living/willing to participate	Not Required	Not Required	13	14a, 14b	N/A	N/A	N/A	N/A

IV. ELIGIBILITY COMMITTEE

Clinics may occasionally identify a proband, an affected sibling, or a case with type 1 diabetes that does not fit the study criteria. For example, the sibling of a proband may not yet require insulin, but meets typical autoantibody criteria according to a physician, may have been diagnosed after age 35 or may have stopped using insulin for longer than six months. Other reasons may exist and the clinic staff is responsible for deciding if an application is necessary. The clinic may submit information about this possible “affected” participant to the Eligibility Committee for review and decision about eligibility. In this case, the clinic completes the *T1DGC Application to Eligibility Committee*. (For instructions on completing this form, see Q x Qs in Appendix J.) There is a separate *T1DGC Application to Eligibility Committee* for the case-control collection. (For instructions on completing this form, see Q x Qs in Appendix K.)

The clinic FAXes the completed form to the Regional Network Center where a staff member completes a section of the form and FAXes it to the Coordinating Center for data entry. The Coordinating Center sends a copy of the application form and the *T1DGC Eligibility Committee Adjudication Form* (Q x Qs in Appendix L) to each Eligibility Committee member. The Phenotyping Committee operates as the *ad hoc* Eligibility Committee and reviews these cases.

Each member of the Eligibility Committee reviews the application form and completes the *T1DGC Eligibility Committee Adjudication Form*. The completed adjudication form is FAXed to the Coordinating Center within two weeks of receipt and responses are compiled. Four of the six members must agree on eligibility in order for a decision to be made. If there is a major discrepancy among the members, a conference call is initiated to discuss the participant’s eligibility. The Coordinating Center completes a section of the application and sends the final decision to the Regional Network Center; the network staff notifies the clinic staff. Clinic staff then completes the questions at the end of the *T1DGC Eligibility Form* regarding the Eligibility Committee decision and modifies the question regarding eligibility status from “Pending” to “Yes.”

V. ADDITIONAL AFFECTED SIBLINGS

Clinics may identify a family with more than two affected siblings. In this event, the *T1DGC ASP Application for Additional Affected Sibling* (Q x Qs in Appendix M) for each additional sibling must be completed and sent to the Regional Network Center for approval prior to the sibling's inclusion in the study. This form asks the same information about this affected sibling as is asked about the proband and the affected sibling on the *T1DGC ASP Eligibility Form*. Upon approval, the Regional Network Center notifies the Coordinating Center to create and send additional labels for each additional sibling.

VI. INELIGIBILITY EXPLANATION

When a participant is deemed ineligible, the individual or family may have questions about ineligibility, their diagnosis or other issues. If a participant inquires about ineligibility, the best answer is "You do not meet the study criteria for a type 1 diabetic. I am not disagreeing with your doctor's opinion, but you do not meet the criteria for this study. If you have any questions about your diabetes, I will try to help, or you can talk to your physician."

APPENDIX A
NORTH AMERICAN TRIO PRE-ELIGIBILITY FORM
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and provide answers to any questions from a participant or clinic staff member.

This form is administered to both the biological mother and biological father of the proband to determine pre-eligibility of a trio. Each parent will answer questions about him/herself. The interviewer reads the questions to the participant and marks or records appropriate answers.

The definitions for the low-prevalence trio families are as follows:

Mexican American: Defined as any individual of **Mexican** descent living in North America (US or Canada). The proband does not need to be born in North America. While the primary goal of this collection is to ascertain Mexican American individuals, individuals can be recruited and examined if born in Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, or Panama.

African American: Defined as any individual of **non-Caucasian of African** descent living in North America (US or Canada). This includes (but is not limited to) descent from Egypt and Somalia. The proband does not need to be born in North America. No Caucasians of African descent qualify (e.g., white South African) can be included as trio families due to the sufficient number of Caucasian trios from previous collections.

Information in all capital letters is an instruction to the interviewer and is not read to the participant.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a "0" is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically with all four digits of the year included (e.g., 1950).

Question by Question Instructions

The interviewer does not affix the Family ID label until it has been determined that this family meets the pre-eligibility criteria. Once pre-eligibility has been determined, the interviewer affixes the Family ID Label in the box in the upper right hand corner on each page of the form.

The interviewer records the clinic ID for his/her individual clinic. The number is assigned by the Regional Network Center and is recorded on every page of the form.

QUESTIONS 1 – 4 ARE ADDRESSED TO MOTHER OF PROBAND.

1. Interview Date

This is the date the interview takes place. Record the date of the interview in the appropriate boxes.

2. How was this section completed? MARK ALL THAT APPLY.

The interviewer marks all methods used to gather information about the participant. If information is obtained by calling a participant before she comes into the clinic, mark "Phone interview." If the participant comes into the clinic and is interviewed in person, the interviewer marks "Face-to-face interview." The interviewer marks all applicable answers.

3a. How would you describe your race or ethnic origin? IF MORE THAN ONE APPLIES, MARK 'Other.'

This question can be read differently depending on the clinic, either the word "race" or "ethnic origin" may be used due to cultural sensitivity. The interviewer hands (or reads) the participant the cue card containing a list of races (or ethnic origins) to

choose from. The participant responds with her race (or ethnic origin). If the participant indicates that more than one race or ethnic origin applies, or responds with a race (or ethnic origin) other than Mexican American or African American, mark “Other,” and stop completing this form, this family is ineligible.

3b. How would you describe your mother’s race or ethnic origin? READ CUE CARD AND RECORD PARTICIPANT’S RESPONSES.

This question can be read differently depending on the clinic, either the word “race” or “ethnic origin” may be used due to cultural sensitivity. The interviewer hands (or reads) the participant the cue card containing a list of races (or ethnic origins) to choose from. The participant chooses up to three responses that best describe her mother’s race (or ethnic origin). If the participant does not feel that any race (or ethnic origin) describes her mother’s race (or ethnic origin), the entire list found in the **Chapter V, Interviewing Instructions**, Appendix L, should be shown to the participant and choices should be made from this list. Record the appropriate code(s) in the boxes. At least one set of boxes must be completed. If a participant chooses more than one category, the interviewer asks which race (or ethnic origin) the participant most identifies her mother with and records that choice in the first set of boxes with the word ‘Primary’ beside it. The use of 810 “North American, no further designation” should be avoided as it does not provide adequate information for the trio collection in terms of race or ethnic origin. The interviewer should make every effort to obtain specific codes regarding race (or ethnic origin) that include: African American (811), Mexican American (816), Mexican (831), Nicaraguan (832), Salvadoran (833), and Central American, not elsewhere classified (839; includes Belizean, Costa Rican, Mayan),

3c. How would you describe your father’s race or ethnic origin? READ CUE CARD AND RECORD PARTICIPANT’S RESPONSES.

This question can be read differently depending on the clinic, either the word “race” or “ethnic origin” may be used due to cultural sensitivity. The interviewer hands (or reads) the participant the cue card containing a list of races (or ethnic origins) to choose from. The participant chooses up to three responses that best describe her father’s race (or ethnic origin). If the participant does not feel that any race (or ethnic

origin) describes her father's race (or ethnic origin), the entire list found in **Chapter V, Interviewing Instructions**, Appendix L, should be shown to the participant and choices should be made from this list. Record the appropriate code(s) in the boxes. At least one set of boxes must be completed. If a participant chooses more than one category, the interviewer asks which race (or ethnic origin) the participant most identifies her father with and records that choice in the first set of boxes with the word 'Primary' beside it. The use of 810 "North American, no further designation" should be avoided as it does not provide adequate information for the trio collection in terms of race or ethnic origin. The interviewer should make every effort to obtain specific codes regarding race (or ethnic origin) that include:

4. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after completion of this section of the *T1DGC North American Trio Pre-Eligibility Form*.

QUESTIONS 5 – 8 ARE ADDRESSED TO FATHER OF PROBAND.

5. Interview Date

This is the date the interview takes place. Record the date of the interview in the appropriate boxes.

6. How was this section completed? MARK ALL THAT APPLY.

The interviewer marks all methods used to gather information about the participant. If information is obtained by calling a participant before he comes into the clinic, mark "Phone interview." If the participant comes into the clinic and is interviewed in person, the interviewer marks "Face-to-face interview." The interviewer marks all applicable answers.

7a. How would you describe your race or ethnic origin? IF MORE THAN ONE APPLIES, MARK 'Other.'

This question can be read differently depending on the clinic, either the word "race" or "ethnic origin" may be used due to cultural sensitivity. The interviewer hands

(or reads) the participant the cue card containing a list of races (or ethnic origins) to choose from. The participant responds with her race (or ethnic origin). If the participant indicates that more than one race or ethnic origin applies, or responds with a race (or ethnic origin) other than Mexican American or African American, mark “Other,” and stop completing this form, this family is ineligible.

7b. How would you describe your mother’s race or ethnic origin? READ CUE CARD AND RECORD PARTICIPANT’S RESPONSES.

This question can be read differently depending on the clinic, either the word “race” or “ethnic origin” may be used due to cultural sensitivity. The interviewer hands (or reads) the participant the cue card containing a list of races (or ethnic origins) to choose from. The participant chooses up to three responses that best describe her mother’s race (or ethnic origin). If the participant does not feel that any race (or ethnic origin) describes her mother’s race (or ethnic origin), the entire list found in the **Chapter V, *Interviewing Instructions*, Appendix L**, should be shown to the participant and choices should be made from this list. Record the appropriate code(s) in the boxes. At least one set of boxes must be completed. If a participant chooses more than one category, the interviewer asks which race (or ethnic origin) the participant most identifies her mother with and records that choice in the first set of boxes with the word ‘Primary’ beside it. The use of 810 “North American, no further designation” should be avoided as it does not provide adequate information for the trio collection in terms of race or ethnic origin. The interviewer should make every effort to obtain specific codes regarding race (or ethnic origin) that include: 831 Mexican, 832 Nicaraguan, 833 Salvadoran, 839 Central American, not elsewhere classified (includes Belizean, Costa Rican, and Mayan), 811 African American, and 816 Mexican American.

7c. How would you describe your father’s race or ethnic origin? READ CUE CARD AND RECORD PARTICIPANT’S RESPONSES.

This question can be read differently depending on the clinic, either the word “race” or “ethnic origin” may be used due to cultural sensitivity. The interviewer hands (or reads) the participant the cue card containing a list of races (or ethnic origins) to

choose from. The participant chooses up to three responses that best describe her father's race (or ethnic origin). If the participant does not feel that any race (or ethnic origin) describes her father's race (or ethnic origin), the entire list found in **Chapter V, Interviewing Instructions**, Appendix L, should be shown to the participant and choices should be made from this list. Record the appropriate code(s) in the boxes. At least one set of boxes must be completed. If a participant chooses more than one category, the interviewer asks which race (or ethnic origin) the participant most identifies her father with and records that choice in the first set of boxes with the word 'Primary' beside it. The use of 810 "North American, no further designation" should be avoided as it does not provide adequate information for the trio collection in terms of race or ethnic origin. The interviewer should make every effort to obtain specific codes regarding race (or ethnic origin) that include: 831 Mexican, 832 Nicaraguan, 833 Salvadoran, 839 Central American, not elsewhere classified (includes Belizean, Costa Rican, and Mayan), 811 African American, and 816 Mexican American.

8. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after completion of this section of the *T1DGC North American Trio Pre-Eligibility Form*.

INTERVIEWER COMPLETED

9. Does the trio meet the eligibility criteria?

The interviewer reviews the questions to ensure this family meets pre-eligibility requirements. The interviewer marks "Yes" if this family meets all pre-eligibility requirements. The mother and father must both self-identify as African American, **or** the mother and father must both identify as Mexican American, **or** one parent must identify as African American and the other parent as Mexican American. The interviewer marks "No" if at one point during either interview he/she came to a "STOP – INELIGIBLE" statement.

10. ID of person editing this form.

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

APPENDIX B
ASP ELIGIBILITY FORM (PROBAND):
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and to provide answers to any questions from a participant or clinic staff member.

This form is administered to the proband. The proband is the first child diagnosed with type 1 diabetes in the family. **This form is used if the proband is of legal age to give consent and it is determined by clinic staff that the proband is able to understand and answer all of the questions.** Only the proband answers questions; however, the legal guardians of the proband can be present at the interview. The interviewer reads the questions to the proband and marks or records appropriate answers.

Information in all capital letters is an instruction to the interviewer and is not read to the participant.

If at any point during the screening process, the interviewer marks a shaded box, the prospective family is deemed ineligible.

For eligible participants, please complete all parts of the form. Note that certain individual items may be marked "Don't know" and with an asterisk. In these cases, continue completing the form and contact the appropriate individuals within 10 days in order to collect information not known at the time of the initial screening. The participant may need to contact his/her physician or other family members in order to obtain information. All "PENDING" responses refer to eligibility criteria and must be resolved before the form is forwarded to the Regional Network Center. Items without a "PENDING" status should be followed-up, but forms should be forwarded to the Regional Network Center when it has become apparent that this information will not be found. There may also be situations in which a participant diagnosed with type 1

diabetes does not meet the Type 1 Diabetes Genetics Consortium (T1DGC) criteria for type 1 diabetes. In this case the interviewer completes a *T1DGC Application to Eligibility Committee*.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a "0" is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950). All single digit numerical responses are recorded with a leading "0" (e.g., if participant is 5 years old, record "05").

Question by Question Instructions

The interviewer does not affix the Family ID Label until it has been determined that this family is eligible or the eligibility status is "PENDING." Once eligibility has been determined, the interviewer affixes the Family ID Label in the box shown in the upper right hand corner. A label is affixed on every page.

The interviewer records the clinic ID for his/her individual clinic. This number is assigned by the Regional Network Center and it is recorded on every page.

1. Interview date

This is the date the interview takes place. Record the date of the interview in the appropriate boxes. For some clinics, the information on the form is abstracted from other sources and transferred onto this form. In this case, the interviewer records the date the information is abstracted and the form is completed.

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

The interviewer marks all sources from which information is gathered about the participants. If information is obtained by calling a participant before he/she comes into the clinic, mark "Phone interview." If the participant comes into the clinic and is interviewed in person, the interviewer marks "Face-to-face interview." If information is

abstracted from other sources (e.g., other forms, pulling medical records), the interviewer marks "From existing records." The interviewer marks all applicable answers.

3. Have you or any of your immediate family members previously participated in any of the following genetic studies? READ/SHOW PARTICIPANT CUE CARD.

The interviewer reads or shows the participant the cue card that includes the list of previously conducted genetic studies the T1DGC has genetic data from. The participant responds "Yes" if he/she or member(s) of their immediate family (*i.e.*, the participant, the participant's full biological siblings and/or the participant's biological parents) has participated in any of the genetic studies listed on the card. If the participant answers "Yes," stop completing this form; this family is ineligible. If the participant does not know this information, the interviewer marks "Don't know" and continues completing the form. This family's eligibility is "PENDING." If the participant answers "No," the interviewer continues completing the form.

Questions 4-11 relate to the proband. If in answering any of these questions it is determined that this person is not eligible for participation in this study, the interviewer asks the participant if he/she has two siblings diagnosed with type 1 diabetes and these questions are completed for that child. It is required for a family to have two affected siblings and for both of these siblings to participate in this study.

4. Have you been diagnosed with type 1 diabetes?

The participant answers "Yes" if he/she has been diagnosed with type 1 diabetes, insulin dependent diabetes, youth onset diabetes, or juvenile onset diabetes. If the participant answers "No," stop completing this form; this participant is ineligible.

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

The participant gives the age he/she was diagnosed with type 1 diabetes. If he/she cannot recall their age, an attempt is made to guess, or tell the interviewer in

what year they were diagnosed. The age of diagnosis is calculated from the year of diagnosis. If the age of diagnosis is 35 years or older, stop completing this form; this participant is ineligible. The participant's age is recorded in years. If the participant was less than 1 year old, record "00."

6. Did you use insulin within six months of being diagnosed?

The participant answers "Yes" if insulin was used at any point during the first six months after he/she was diagnosed with type 1 diabetes. This excludes nasal or inhaled insulin. If the participant answers "Yes," skip to Question 7. If the participant answers "No," the interviewer continues to Question 6a.

6a. Is there any other information to suggest you have type 1 (insulin dependent) diabetes?

If the participant answers "Yes," the interviewer applies to the Eligibility Committee who reviews the information submitted on possible affected participants (e.g., the participant was diagnosed early in the natural history via autoantibodies and/or OGTT and thus is not on insulin). The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. This participant's eligibility is "PENDING." If the participant answers "No," stop completing this form; this participant is ineligible.

7. Once you started using insulin, did you ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?

The participant answers "Yes" if insulin use was started but discontinued for 6 months or longer. More than one interruption is permitted if each is within the allotted time frame. If a participant has had a pancreas transplant and has stopped insulin use for more than 6 months because of the transplant, they are not excluded from participating in the T1DGC. If the participant answers "Yes," stop completing this form; this participant is ineligible. The participant answers "No" if insulin use was never disrupted after starting on insulin, or if any insulin was stopped for periods within 6 months. If the participant has not been diagnosed for six months, the "Not applicable"

box is marked. However, this does not make the participant ineligible, continue with the form.

8. What is your date of birth?

Record the date of birth in the appropriate boxes. For some clinics, this information is considered an identifier and thus cannot be collected. In this case, the interviewer marks the “Can not collect” box, but must answer Question 9. If clinics are able to collect a portion of the date of birth, the year is recorded in the appropriate boxes.

9. What is your current age?

The participant responds by providing his/her current age at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the participant’s current age. The participant’s age is recorded in years.

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.

The participant answers “Yes” if he/she has been diagnosed with another genetic disease that is known to be associated with non-classical insulin dependent diabetes. If the participant answers “Yes” or “Don’t know” show or read the participant the cue card listing the genetic disorders and diseases that exclude a person from participating in the T1DGC. If the participant answers “Yes,” stop completing this form; this participant is ineligible. If the participant answers “No,” continue completing the form. If the participant still does not know, mark the “Don’t know” box and continue completing the form. This participant’s eligibility is “PENDING.”

11. Are you willing to participate in this study? READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.

The participant now has the option to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The participant answers “Yes” if he/she is interested in learning more about the study and participating. If the participant answers “No,” stop completing this form; this participant is ineligible. If the participant has already given his/her consent to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the participant answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer. This participant’s eligibility is “PENDING.”

Questions 12-18 relate to the proband’s sibling who was next diagnosed with type 1 diabetes. If in gathering information it is determined that this sibling is not eligible for participation in this study, the interviewer asks the proband if there is another sibling diagnosed with type 1 diabetes. The questions are then completed using this affected sibling. The affected sibling must have the same biological mother and same biological father as the proband.

These questions refer to your sibling who was next diagnosed with type 1 diabetes in your family.

12. Do you have a living full brother or sister who is not your identical twin who has been diagnosed with type 1 diabetes? Full brothers and sisters are those that have the same biological mother and same biological father.

The participant answers “Yes” if he/she has a full brother or sister diagnosed with type 1 diabetes, insulin dependent diabetes, youth onset diabetes, or juvenile onset diabetes. This sibling cannot be the proband’s identical twin, however a fraternal twin is eligible to participate. Only one individual of an identical twin pair may participate. If the participant is unsure if their twin is fraternal or identical, both should participate. If the

participant answers “No” or “Don’t know,” stop completing this form; this family is ineligible.

13. At what age was your brother/sister diagnosed with type 1 diabetes?

The participant gives his/her brother/sister’s age when diagnosed with type 1 diabetes. If they cannot recall their sibling’s age, an attempt is made to guess or tell the interviewer in what year their sibling was diagnosed. The age of diagnosis is calculated using the year of diagnosis. If the participant has no recollection of their sibling’s age at diagnosis or the year of diagnosis, mark the “Don’t know” box, continue completing the form. This participant’s eligibility is “PENDING.” If the affected sibling’s age of diagnosis is 35 years or older, stop completing this form; this participant is ineligible. The sibling’s age is recorded in years. If the sibling was less than 1 year old, record “00.”

14. Did your brother/sister use insulin within six months of being diagnosed?

The participant answers “Yes” if insulin was used at any point during the first six months after their brother/sister was diagnosed with type 1 diabetes. This excludes nasal or inhaled insulin. If the participant answers “Yes,” skip to Question 15. If the participant answers “No,” the interviewer continues to Question 14a. If the participant does not know this information, mark the “Don’t know” box and continue completing the form. This participant’s eligibility is “PENDING.”

14a. Is there any other information to suggest that your brother/sister has type 1 (insulin dependent) diabetes?

If the participant answers “Yes,” the interviewer applies to the Eligibility Committee who reviews information submitted on possible affected participants (e.g., the participant was diagnosed early in the natural history via autoantibodies and/or OGTT and thus is not on insulin). The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. This participant’s eligibility is “PENDING.” If the participant answers “No,” stop completing this form; this participant is ineligible.

15. Once your brother/sister started using insulin, did he/she ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?

The participant answers “Yes” if insulin use was started but discontinued for six months or longer. More than one interruption is permitted as long as each is within the allotted time frame. If a participant has had a pancreas transplant and has stopped insulin use for more than six months because of the transplant, they are not excluded from participating in the T1DGC. If the participant answers “Yes,” stop completing this form; this participant is ineligible. The participant answers “No” if insulin use was never disrupted after starting on insulin, or if any insulin was stopped for periods within 6 months. If the participant has not been diagnosed for six months, the “Not applicable” box is marked. However, this does not make this participant ineligible, continue with the form. If the participant answers “Don’t know,” continue with the form; this participant’s eligibility is “PENDING.”

16. What is your brother/sister’s date of birth?

Record the date of birth in the appropriate boxes. For some clinics, this information is considered an identifier and thus cannot be collected. In this case, the interviewer marks the “Can not collect” box, but must answer Question 17. If clinics are able to collect a portion of the date of birth, the year is recorded in the appropriate boxes. If the participant doesn’t know this information, mark the “Don’t know” box and continue with the form.

17. What is your brother/sister’s current age? CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.

The participant responds by providing the current age of their sibling at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the sibling’s current age. The sibling’s age is recorded in years. If the sibling is less than 12 months old, mark the “Less than 12 months” box and continue completing the form. This participant’s eligibility is “PENDING;” however, the participant’s family is re-contacted after the sibling has had

his/her first birthday. If the participant does not know their sibling's current age mark the "Don't know" box and continue with the form.

18. Does your brother/sister have a specific genetic disorder or disease that caused his/her diabetes? This would include maturity onset diabetes of youth (MODY). IF YES OR DON'T KNOW, READ/SHOW PARTICIPANT CUE CARD.

The participant answers "Yes" if their brother/sister has been diagnosed with another genetic disease that is known to be associated with non-classical insulin dependent diabetes. If the participant answers "Yes" or "Don't know," show or read the participant the cue card listing the genetic disorders and diseases that exclude a person from participating in the T1DGC. If the participant answers "Yes," stop completing this form; this participant is ineligible. If the participant answers "No," continue completing the form. If the participant still does not know, mark the "Don't know" box and continue completing the form. This participant's eligibility is "PENDING."

Questions 19-20 relate to the biological parents of both siblings described above. It is not required for the biological parents to participate in this study.

19. Is your biological father living?

The participant answers "Yes" if he/she knows their biological father is living. If the participant answers "No" or "Don't know," continue with the form.

20. Is your biological mother living?

The participant answers "Yes" if he/she knows their biological mother is living. If the participant answers "No" or "Don't know," continue with this form.

Questions 21-23 relate to two unaffected full siblings of the proband and affected sibling described above. These are the eldest available siblings not diagnosed with any form of diabetes. If in gathering information it is determined that one or both of these siblings are not eligible or available for participation in this study, the interviewer asks the participant if there is another sibling not diagnosed with

any form of diabetes. The questions are then completed using this unaffected sibling. The unaffected siblings described below must have the same biological mother and same biological father as both the proband and the affected sibling. It is not required for a family to have any unaffected siblings, or for any unaffected siblings to participate in this study.

These final questions refer to the two oldest siblings in your family who have not been diagnosed with any type of diabetes.

21. Do you have any living full brother/sisters who do not have diabetes? This includes type 1, type 2 and MODY. Full brothers and sisters are those that have the same biological mother and same biological father.

The participant answers “Yes” if he/she has at least one brother or sister without diabetes who has the same biological mother and same biological father. These siblings cannot have been diagnosed with any form of diabetes including, but not limited to, type 1 diabetes, type 2 diabetes, and MODY. If the participant answers “No” or “Don’t know,” skip to Question 24.

22. What is the current age of your oldest brother/sister who does not have diabetes? CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.

The participant responds by providing the age of the eldest available sibling not diagnosed with any form of diabetes at the time of the interview. If the eldest sibling is not available, the next eldest available unaffected sibling is used. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the sibling’s current age. The sibling’s age is recorded in years. If the sibling is less than 12 months old, mark the “Less than 12 months” box and skip to Question 24; this participant’s eligibility is “PENDING.” However, since unaffected siblings are not necessary for the minimum family requirement, this family may still be eligible. This family may be re-contacted after the sibling’s first birthday. However, the clinic continues collecting data and lab samples on members of the family over 12 months

old. The family's status is **not** "PENDING." If the participant does not know the sibling's current age, mark the "Don't know" box and continue with the form.

23. What is the current age of your next oldest brother/sister who does not have diabetes? CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.

The participant responds by providing the age of their next eldest available sibling not diagnosed with any form of diabetes at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the sibling's current age. The sibling's age is recorded in years. If the sibling is less than 12 months old, mark the "Less than 12 months" box. This participant's eligibility is "PENDING." However, since unaffected siblings are not necessary for the minimum family requirement, this family may still be eligible. If an unaffected sibling is less than 12 months old, this family may be re-contacted after the sibling's first birthday. However, the clinic continues collecting data and lab samples on members of the family over 12 months old. This family's status is **not** "PENDING." If the participant does not have another sibling not diagnosed with any form of diabetes, mark the "Don't have one" box. If the participant does not know his/her sibling's current age mark the "Don't know" box and continue with the form.

Questions 24-29 are directed toward clinic staff and are completed as the activity occurs (*i.e.*, after interviewing, after editing, and after receiving the *T1DGC Application to Eligibility Committee*).

INTERVIEWER COMPLETED

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

The interviewer reviews the questions to ensure this family meets eligibility requirements. The interviewer marks "Yes" if this family meets all eligibility requirements, and skips to Question 26. This family must consist at minimum of two affected siblings. The biological father, mother, and up to two unaffected siblings are

included if possible. The interviewer marks “No” if at one point during the interview he/she came to a “STOP-INELIGIBLE” statement, and skips to Question 26. The interviewer marks “PENDING” if one or more questions regarding the proband or affected sibling were marked as “Don’t know,” or the interviewer is in the process of applying to the Eligibility Committee. If “PENDING” is marked, the interviewer re-contacts the appropriate individuals within 10 days in order to determine eligibility or waits until a decision is made by the Eligibility Committee.

25. Is an application to the Eligibility Committee required?

The interviewer marks “Yes” if one of the participants appears to have type 1 diabetes, but does not meet the T1DGC definition of diabetes. The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. If the interviewer does not need to apply to the Eligibility Committee, the interviewer marks “No” and skips to Question 26.

25a. Is this for the proband, affected sibling or both?

The interviewer marks “Proband” or “Affected Sibling” if the *T1DGC Application to Eligibility Committee* is completed for that specific individual. The interviewer marks “Both” if the interviewer completes two *T1DGC Application to Eligibility Committee* forms.

26. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after completion of the *T1DGC ASP Eligibility Form*.

27. ID of person editing

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

COMPLETED ONLY IF APPLICATION TO ELIGIBILITY COMMITTEE REQUIRED.

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

The interviewer completes this section **only** if a *T1DGC Application to Eligibility Committee* was sent to and a decision was made by the Eligibility Committee. The interviewer marks “Yes” if the Eligibility Committee decided the participant(s) is (are) eligible to participate, or marks “No” if the Eligibility Committee decided this participant is ineligible to participate in the T1DGC. If the interviewer marks “No,” the interviewer skips to Question 29. If the application was completed for both the proband and the affected sibling, the interviewer marks “Yes” if approval is received on one or both of the participants.

28a. Was approval received for the proband, affected sibling or both?

The interviewer marks “Proband” if the *T1DGC Application to Eligibility Committee* is approved for the proband. The interviewer marks “Affected Sibling” if the *T1DGC Application to Eligibility Committee* is approved for the affected sibling. The interviewer marks “Both” if the interviewer completed two *T1DGC Application to Eligibility Committee* forms and each of these applications is approved.

29. Date Eligibility Committee decision received by clinic

The interviewer records the date the application is returned to the clinic with a decision regarding the eligibility of the proband and/or the affected sibling. Once information is received regarding the eligibility status of the participant(s), the clinic corrects Question 24 regarding eligibility status.

APPENDIX C
ASP ELIGIBILITY FORM (GUARDIAN):
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and to provide answers to any questions from a participant or clinic staff member.

This form is administered to a guardian (*i.e.*, biological mother, biological father or other legal guardian) of the proband. The proband is the first child diagnosed with type 1 diabetes in the family. **This form is used if the proband is under the legal age to give consent and it is determined by clinic staff that the proband is unable to understand and answer all of the questions.** Only one guardian answers the questions; however, more than one can be present at the interview. The interviewer reads the questions to the guardian and marks or records appropriate answers.

Information in all capital letters is an instruction to the interviewer and is not read to the participant.

If at any point during the screening process, the interviewer marks a shaded box, the prospective family is deemed ineligible.

For eligible participants, please complete all parts of the form. Note that certain individual items may be marked “Don’t know” and with an asterisk. In these cases, continue completing the form and contact the appropriate individuals within 10 days in order to collect information not known at the time of the initial screening. The participant may need to contact his/her physician or other family members in order to obtain information. All “PENDING” responses refer to eligibility criteria and must be resolved before the form is forwarded to the Regional Network Center. Items without a “PENDING” status should be followed-up, but forms should be forwarded to the Regional Network Center when it has become apparent that this information will not be found. There may also be situations in which a participant diagnosed with type 1

diabetes does not meet the Type 1 Diabetes Genetics Consortium (T1DGC) criteria for type 1 diabetes. In this case the interviewer completes a *T1DGC Application to Eligibility Committee*.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a "0" is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950). All single digit numerical responses are recorded with a leading "0" (e.g., if participant is 5 years old, record "05").

Question by Question Instructions

The interviewer does not affix the Family ID Label until it has been determined that this family is eligible or the eligibility status is "PENDING." Once eligibility has been determined, the interviewer affixes the Family ID Label in the box shown in the upper right hand corner. A label is affixed on every page.

The interviewer records the clinic ID for his/her individual clinic. This number is assigned by the Regional Network Center and it is recorded on every page.

1. Interview date

This is the date the interview takes place. Record the date of the interview in the appropriate boxes. For some clinics, the information on the form is abstracted from other sources and transferred onto this form. In this case, the interviewer records the date the information is abstracted and the form is completed.

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

The interviewer marks all sources from which information is gathered about the participants. If information is obtained by calling a participant before he/she comes into the clinic, mark "Phone interview." If the participant comes into the clinic and is interviewed in person, the interviewer marks "Face-to-face interview." If information is

abstracted from other sources (e.g., other forms, pulling medical records), the interviewer marks “From existing records.” The interviewer marks all applicable answers.

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

The interviewer determines the relationship the guardian has with the proband and affected sibling. The interviewer may ask the participant his/her relationship to the children, if it is not already known. The interviewer marks “Biological Father” if the man completing the interview believes himself to be the biological father of both the proband and the affected sibling. The interviewer marks “Biological Mother” if the woman completing the interview gave birth to both the proband and the affected sibling. The interviewer marks “Other Guardian” if the person completing this form is neither biological parent of the proband and the affected sibling. The interviewer should be aware of the relationship the guardian has to the children while administering this questionnaire. Versions of questions may differ based upon the guardian’s relationship to the proband and affected sibling.

4. Have you or any of your immediate family members previously participated in any of the following genetic studies? READ/SHOW PARTICIPANT CUE CARD.

The interviewer reads or shows the participant the cue card that includes the list of previously conducted genetic studies the T1DGC has genetic data from. The participant responds “Yes” if he/she or member(s) of their immediate family (*i.e.*, the proband, the proband’s full biological siblings and/or the proband’s biological parents) has participated in any of the genetic studies listed on the card. If the participant answers “Yes,” stop completing this form; this family is ineligible. If the participant does not know this information, the interviewer marks “Don’t know” and continues completing the form. This family’s eligibility is “PENDING.” If the participant answers “No,” the interviewer continues completing the form.

5. Have two or more of your children who are not identical twins been diagnosed with type 1 diabetes?

The participant answers “Yes” if two or more of his/her children have been diagnosed with type 1 diabetes, insulin dependent diabetes, youth onset diabetes, or juvenile onset diabetes. These children cannot be identical twins; however fraternal twins are eligible to participate. Only one individual of an identical twin pair may participate. If the participant is unsure if their twin is fraternal or identical, both should participate. If the participant answers “No,” stop completing this form; this family is ineligible.

6. Do both of these children have the same parents (that is, the same biological mother and same biological father)?

The participant answers “Yes” if two or more of the children with type 1 diabetes have the same biological mother and the same biological father. If the participant answers “No,” stop completing this form; this family is ineligible.

Questions 7-13 relate to the proband. The proband is the first child diagnosed with type 1 diabetes. If in answering any of these questions it is determined that this child is not eligible for participation in this study, the interviewer asks the guardian if there is another child diagnosed with type 1 diabetes and these questions are completed for that child. It is required for a family to have two affected siblings and for both of these siblings to participate in this study.

The next questions refer to the first child diagnosed with type 1 diabetes in your family.

7. How old was this child when he/she was diagnosed with type 1 diabetes?

The participant gives the age the proband was diagnosed with type 1 diabetes. If he/she cannot recall the child’s age, an attempt is made to guess, or tell the interviewer in what year the child was diagnosed. The age of diagnosis is calculated from the year of diagnosis. If the age of diagnosis is 35 years or older, stop completing this form; this

participant is ineligible. The child's age is recorded in years. If the child was less than 1 year old, record "00."

8. Did this child use insulin within six months of being diagnosed?

The participant answers "Yes" if insulin was used at any point during the first six months after the proband was diagnosed with type 1 diabetes. This excludes nasal or inhaled insulin. If the participant answers "Yes," skip to Question 9. If the participant answers "No," the interviewer continues to Question 8a.

8a. Is there any other information to suggest that this child has type 1 (insulin dependent) diabetes?

If the participant answers "Yes," the interviewer applies to the Eligibility Committee who reviews the information submitted on possible affected participants (e.g., the participant was diagnosed early in the natural history via autoantibodies and/or OGTT and thus is not on insulin). The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. This participant's eligibility is "PENDING." If the participant answers "No," stop completing this form; this participant is ineligible.

9. Once this child started using insulin, did he/she ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?

The participant answers "Yes" if the proband's insulin use was started but discontinued for six months or longer. More than one interruption is permitted if each is within the allotted time frame. If the proband has had a pancreas transplant and has stopped using insulin for more than six months because of the transplant, they are not excluded from participating in the T1DGC. If the participant answers "Yes," stop completing this form; this participant is ineligible. The participant answers "No" if insulin use was never disrupted after starting on insulin, or if any insulin was stopped for periods within six months. If the participant has not been diagnosed for six months, the "Not applicable" box is marked. However, this does not make this participant ineligible, continue with the form.

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

Record the date of birth in the appropriate boxes. For some clinics, this information is considered an identifier and thus cannot be collected. In this case, the interviewer marks the "Can not collect" box, but must answer Question 11. If clinics are able to collect a portion of the date of birth, the year is recorded in the appropriate boxes.

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

The participant responds by providing the current age of the proband at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the proband's current age. The proband's age is recorded in years. If the child is less than 12 months old, mark the "Less than 12 months" box and continue completing this form. This participant's eligibility is "PENDING." However, the child's family is re-contacted after the child has had his/her first birthday.

12. Does this child have a specific genetic disorder or disease that caused his/her diabetes? This would include maturity onset diabetes of youth (MODY). IF YES OR DON'T KNOW, READ/SHOW PARTICIPANT CUE CARD.

The participant answers "Yes" if the proband has been diagnosed with another genetic disease that is known to be associated with non-classical insulin dependent diabetes. If the participant answers "Yes" or "Don't know," show or read the participant the cue card listing the genetic disorders and diseases that exclude a person from participating in the T1DGC. If the participant answers "Yes," stop completing this form; this participant is ineligible. If the participant answers "No," continue completing the form. If the participant still does not know, mark the "Don't know" box and continue completing the form. This participant's eligibility is "PENDING."

13. Are you willing to have this child participate in this study? READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.

The participant now has the option to allow this child to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The participant answers “Yes” if he/she is interested in learning more about the study and allowing this child to participate. If the participant answers “No,” stop completing this form; this participant is ineligible. If the participant has already given their consent for this child to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the participant answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer. This participant’s eligibility is “PENDING.”

Questions 14-20 relate to the second child diagnosed with type 1 diabetes. If in gathering information it is determined that this child is not eligible for participation in this study, the interviewer asks the guardian if there is another child diagnosed with type 1 diabetes. The questions are then completed using this affected sibling. The affected sibling must have the same biological mother and same biological father as the proband.

The next questions refer to the second child diagnosed with type 1 diabetes in your family.

14. How old was this child when he/she was diagnosed with type 1 diabetes?

The participant gives the age of the affected sibling when diagnosed with type 1 diabetes. If they cannot recall the child’s age, an attempt is made to guess or tell the interviewer in what year the child was diagnosed. The age of diagnosis is calculated using the year of diagnosis. If the child’s age of diagnosis is 35 years or older, stop completing this form; this participant is ineligible. The child’s age is recorded in years. If the child was less than 1 year old, record “00.”

15. Did this child use insulin within six months of being diagnosed?

The participant answers “Yes” if insulin was used at any point during the first six months after the child was diagnosed with type 1 diabetes. This excludes nasal or inhaled insulin. If the participant answers “Yes,” skip to Question 16. If the participant answers “No,” the interviewer continues to Question 15a.

15a. Is there any other information to suggest that this child has type 1 (insulin dependent) diabetes?

If the participant answers “Yes,” the interviewer applies to the Eligibility Committee who reviews information submitted on possible affected participants (e.g., the participant was diagnosed early in the natural history via autoantibodies and/or OGTT and thus is not on insulin). The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. This participant’s eligibility is “PENDING.” If the participant answers “No,” stop completing this form; this participant is ineligible.

16. Once this child started using insulin, did he/she ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?

The participant answers “Yes” if the affected sibling’s insulin use was started but discontinued for six months or longer. More than one interruption is permitted as long as each is within the allotted time frame. If the affected sibling has had a pancreas transplant and has stopped using insulin for more than six months because of the transplant, they are not excluded from participating in the T1DGC. If the participant answers “Yes,” stop completing this form; this participant is ineligible. The participant answers “No” if insulin use was never disrupted after starting on insulin, or if any insulin was stopped for periods within six months. If the participant has not been diagnosed for six months, the “Not applicable” box is marked. However, this does not make this participant ineligible, continue with the form.

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

Record the date of birth in the appropriate boxes. For some clinics, this information is considered an identifier and thus cannot be collected. In this case, the interviewer marks the "Can not collect" box, but must answer Question 18. If clinics are able to collect a portion of the date of birth, the year is recorded in the appropriate boxes.

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

The participant responds by providing the current age of the affected sibling at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the affected sibling's current age. The affected sibling's age is recorded in years. If the child is less than 12 months old, mark the "Less than 12 months" box and continue completing the form. This participant's eligibility is "PENDING." However, the child's family is re-contacted after the child has had his/her first birthday.

19. Does this child have a specific genetic disorder or disease that caused his/her diabetes? This would include maturity onset diabetes of youth (MODY). IF YES OR DON'T KNOW, READ/SHOW PARTICIPANT CUE CARD.

The participant answers "Yes" if the affected sibling has been diagnosed with another genetic disease that is known to be associated with non-classical insulin dependent diabetes. If the participant answers "Yes" or "Don't know," show or read the participant the cue card listing the genetic disorders and diseases that exclude a person from participating in the T1DGC. If the participant answers "Yes," stop completing this form; this participant is ineligible. If the participant answers "No," continue completing the form. If the participant still does not know, mark the "Don't know" box and continue completing the form. This participant's eligibility is "PENDING."

20. Are you willing to have this child participate in this study?

The participant now has the option to allow this child to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The participant answers “Yes” if he/she is interested in learning more about the study and allowing this child to participate. If the participant answers “No,” stop completing this form; this participant is ineligible. If the participant has already given their consent for this child to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the participant answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer. This participant’s eligibility is “PENDING.”

Questions 21-22 relate to the biological parents of both children described above. There are two versions of each question depending on who is completing the interview. Be sure to ask the participant the correct version of the question. It is not required for the biological parents to participate in this study.

IF BIOLOGICAL FATHER COMPLETING FORM: 21a. Are you willing to participate in this study?

If the biological father is completing the form, this question is asked of the participant. He now has the option to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The father answers “Yes” if he is interested in learning more about the study and participating in the T1DGC. If he answers “No,” continue with this form. If he has already given his consent to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the father answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer.

IF BIOLOGICAL MOTHER OR OTHER GUARDIAN COMPLETING FORM: 21b. Is the biological father of these children living?

If the biological mother or other guardian is completing the form, this question is asked of the participant. The participant answers “Yes” if he/she knows the biological father of the children described above is living. If the participant answers “No” or “Don’t know,” continue with the form.

IF BIOLOGICAL MOTHER COMPLETING FORM: 22a. Are you willing to participate in this study?

If the biological mother is completing the form, this question is asked of the participant. She now has the option to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The mother answers “Yes” if she is interested in learning more about the study and participating in the T1DGC. If she answers “No,” continue with this form. If she has already given her consent to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the mother answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer.

IF BIOLOGICAL FATHER OR OTHER GUARDIAN COMPLETING FORM: 22b. Is the biological mother of these children living?

If the biological father or other guardian is completing the form, this question is asked of the participant. The participant answers “Yes” if he/she knows the biological mother of the children described above is living. If the participant answers “No” or “Don’t know,” continue with the form.

Questions 23-27 relate to two unaffected full siblings of the children described above. These are the eldest available siblings not diagnosed with any form of diabetes. If in gathering information it is determined that one or both of these siblings are not eligible or available for participation in this study, the interviewer asks the participant if there is another sibling not diagnosed with any form of

diabetes. The questions are then completed using this unaffected child. The unaffected siblings described below must have the same biological mother and same biological father as both the proband and the affected sibling. It is not required for a family to have any unaffected siblings, or for any unaffected siblings to participate in this study.

These final questions refer to the two oldest children in your family who have not been diagnosed with any type of diabetes.

23. Do these children with diabetes have a full brother or sister who does not have diabetes? This includes type 1, type 2, and MODY. Full brothers and sisters are those that have the same biological mother and same biological father.

The participant answers “Yes” if there is at least one child without diabetes who has the same biological mother and same biological father as the proband and the affected sibling. These siblings cannot have been diagnosed with any form of diabetes including, but not limited to, type 1 diabetes, type 2 diabetes, and MODY. If the participant answers “No,” skip to Question 28.

24. What is the current age of the oldest child who does not have diabetes? CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.

The participant responds by providing the age of the eldest available sibling not diagnosed with any form of diabetes at the time of the interview. If the eldest sibling is not available, the next eldest available unaffected sibling is used. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the child’s current age. The child’s age is recorded in years. If the child is less than 12 months old, mark the “Less than 12 months” box and skip to Question 28; this participant’s eligibility is “PENDING.” However, since unaffected siblings are not necessary for the minimum family requirement, this family may still be eligible. This family may be re-contacted after the sibling’s first birthday. However, the clinic

continues collecting data and lab samples on members of the family over 12 months old. This family's status is **not** "PENDING."

25. Are you willing to have this child participate in this study?

The participant now has the option to allow this child to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The participant answers "Yes" if he/she is interested in learning more about the study and allowing this child to participate. If the participant answers "No," continue with this form. This participant is ineligible. However, since unaffected siblings are not necessary for the minimum family requirement, this family may still be eligible. If the participant has already given their consent for this child to participate in the study prior to completing the eligibility form, mark the "Has signed consent" box and continue with the form. If the participant answers "Don't know," continue completing the form and follow-up at a later date for a definitive answer.

26. What is the current age of the next oldest child who does not have diabetes? CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.

The participant responds by providing the age of the next eldest available sibling not diagnosed with any form of diabetes at the time of the interview. If the next eldest sibling is not available, and another unaffected sibling exists, he/she is used. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the child's current age. The child's age is recorded in years. If the child is less than 12 months old, mark the "Less than 12 months" box and skip to Question 28; this participant's eligibility is "PENDING." However, since unaffected siblings are not necessary for the minimum family requirement, this family may still be eligible. This family may be re-contacted after the sibling's first birthday. However, the clinic continues collecting data and lab samples on members of the family over 12 months old. This family's status is **not** "PENDING." If the participant does not have

another child not diagnosed with any form of diabetes, mark the “Don’t have one” box and skip to Question 28.

27. Are you willing to have this child participate in this study?

The participant now has the option to allow this child to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The participant answers “Yes” if he/she is interested in learning more about the study and allowing this child to participate. If the participant answers “No,” continue with this form; this participant is ineligible. However, since unaffected siblings are not necessary for the minimum family requirement, this family may still be eligible. If the participant has already given their consent for this child to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the participant answers “Don’t know,” continue completing the form and follow-up with the participant at a later date for a definitive answer.

Questions 28-33 are directed toward clinic staff and are completed as the activity occurs (*i.e.*, after interviewing, after editing, and after receiving the *T1DGC Application to Eligibility Committee*).

INTERVIEWER COMPLETED

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

The interviewer reviews the questions to ensure this family meets eligibility requirements. The interviewer marks “Yes” if this family meets all eligibility requirements, and skips to Question 30. This family must consist at minimum of two affected siblings. The biological father, mother, and up to two unaffected siblings are included if possible. The interviewer marks “No” if at one point during the interview he/she came to a “STOP-INELIGIBLE” statement, and skips to Question 30. The interviewer marks “PENDING” if one or more questions regarding the proband or affected sibling were marked as “Don’t know,” or the interviewer is in the process of

applying to the Eligibility Committee. If “PENDING” is marked, the interviewer re-contacts the appropriate individuals within 10 days in order to determine eligibility or waits until a decision is made by the Eligibility Committee.

29. Is an application to the Eligibility Committee required?

The interviewer marks “Yes” if one of the participants appears to have type 1 diabetes, but does not meet the T1DGC definition of diabetes. The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. If the interviewer does not need to apply to the Eligibility Committee, the interviewer marks “No” and skips to Question 30.

29a. Is this for the proband, affected sibling or both?

The interviewer marks “Proband” or “Affected Sibling” if the *T1DGC Application to Eligibility Committee* is completed for that specific individual. The interviewer marks “Both” if the interviewer completes two *T1DGC Application to Eligibility Committee* forms.

30. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after completion of the *T1DGC ASP Eligibility Form*.

31. ID of person editing

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

COMPLETED ONLY IF APPLICATION TO ELIGIBILITY COMMITTEE REQUIRED.

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

The interviewer completes this section **only** if a *T1DGC Application to Eligibility Committee* was sent to and a decision was made by the Eligibility Committee. The interviewer marks “Yes” if the Eligibility Committee decided the participant(s) is (are) eligible to participate, or marks “No” if the Eligibility Committee decided this participant is ineligible to participate in the T1DGC. If the interviewer marks “No,” the interviewer skips to Question 33. If the application was completed for both the proband and the affected sibling, the interviewer marks “Yes” if approval is received on one or both of the participants.

32a. Was approval received for the proband, affected sibling or both?

The interviewer marks “Proband” if the *T1DGC Application to Eligibility Committee* is approved for the proband. The interviewer marks “Affected Sibling” if the *T1DGC Application to Eligibility Committee* is approved for the affected sibling. The interviewer marks “Both” if the interviewer completed two *T1DGC Application to Eligibility Committee* forms and each of these applications is approved.

33. Date Eligibility Committee decision received by clinic

The interviewer records the date the application is returned to the clinic with a decision regarding the eligibility of the proband and/or the affected sibling. Once information is received regarding the eligibility status of the participant(s), the clinic corrects Question 28 regarding eligibility status.

APPENDIX D
TRIO ELIGIBILITY FORM (PROBAND):
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and to provide answers to any questions from a participant or clinic staff member.

This form is administered to the proband. **This form is used if the proband is of legal age to give consent and it is determined by clinic staff that the proband is able to understand and answer all of the questions.** Only the proband answers the questions; however, the legal guardians of the proband can be present at the interview. The interviewer reads the questions to the proband and marks or records appropriate answers.

Information in all capital letters is an instruction to the interviewer and is not read to the participant.

If at any point during the screening process, the interviewer marks a shaded box, the prospective family is deemed ineligible.

For eligible participants, please complete all parts of the form. Note that certain individual items may be marked “Don’t know” and with an asterisk. In these cases, continue completing the form and contact the appropriate individuals within 10 days in order to collect information not known at the time of the initial screening. The participant may need to contact his/her physician or other family members in order to obtain information. All “PENDING” responses refer to eligibility criteria and must be resolved before the form is forwarded to the Regional Network Center. Items without a “PENDING” status should be followed-up, but forms should be forwarded to the Regional Network Center when it has become apparent that this information will not be found. There may also be situations in which a participant diagnosed with type 1 diabetes does not meet the Type 1 Diabetes Genetics Consortium (T1DGC) criteria for

type 1 diabetes. In this case the interviewer completes a *T1DGC Application to Eligibility Committee*.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a “0” is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950). All single digit numerical responses are recorded with a leading “0” (e.g., if participant is 5 years old, record “05”).

Question by Question Instructions

The interviewer does not affix the Family ID Label until it has been determined that this family is eligible or the eligibility status is “PENDING.” Once eligibility has been determined, the interviewer affixes the Family ID Label in the box shown in the upper right hand corner. A label is affixed on every page.

The interviewer records the clinic ID for his/her individual clinic. This number is assigned by the Regional Network Center and it is recorded on every page.

1. Interview date

This is the date the interview takes place. Record the date of the interview in the appropriate boxes. For some clinics, the information on the form is abstracted from other sources and transferred onto this form. In this case, the interviewer records the date the information is abstracted and the form is completed.

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

The interviewer marks all sources from which information is gathered about the participants. If information is obtained by calling a participant before he/she comes into the clinic, mark “Phone interview.” If the participant comes into the clinic and is interviewed in person, the interviewer marks “Face-to-face interview.” If information is abstracted from other sources (e.g., other forms, pulling medical records), the

interviewer marks "From existing records." The interviewer marks all applicable answers.

3. Have you or any of your immediate family members previously participated in a genetic study? READ/SHOW PARTICIPANT CUE CARD.

The interviewer reads or show the participant the cue card that includes the list of previously conducted genetic studies the T1DGC has genetic data from. The participant responds "Yes" if he/she or member(s) of their immediate family (*i.e.*, the participant and/or the participant's biological parents) has participated in any of the genetic studies listed on the card. If the participant answers "Yes," stop completing this form; this family is ineligible. If the participant does not know this information, the interviewer marks "Don't know" and continues completing the form. This family's eligibility is "PENDING." If the participant answers "No," the interviewer continues completing the form.

Questions 4-11 relate to the proband, a participant who has been diagnosed with type 1 diabetes. It is required for the proband to participate in this study.

4. Have you been diagnosed with type 1 diabetes?

The participant answers "Yes" if he/she has been diagnosed with type 1 diabetes, insulin dependent diabetes, youth onset diabetes, or juvenile onset diabetes. If the participant answers "No," stop completing this form; this family is ineligible.

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

The participant gives the age he/she was diagnosed with type 1 diabetes. If he/she cannot recall their age, an attempt is made to guess, or tell the interviewer in what year they were diagnosed. The age at diagnosis is calculated from the year of diagnosis. If the age of diagnosis is 35 years or older, stop completing this form; this family is ineligible. The participant's age is recorded in years. If the participant was less than 1 year old, record "00."

6. Did you use insulin within six months of being diagnosed?

The participant answers “Yes” if insulin was used at any point during the first six months after he/she was diagnosed with type 1 diabetes. This excludes nasal or inhaled insulin. If the participant answers “Yes,” skip to Question 7. If the participant answers “No,” the interviewer continues to Question 6a.

6a. Is there any other information to suggest you have type 1 (insulin dependent) diabetes?

If the participant answers “Yes,” the interviewer applies to the Eligibility Committee who reviews the information submitted on possible affected participants (e.g., the participant was diagnosed early in the natural history via autoantibodies and/or OGTT and thus is not on insulin). The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. This family’s eligibility is “PENDING.” If the participant answers “No,” stop completing this form; this family is ineligible.

7. Once you started using insulin, did you ever stop using insulin for a period of six months or more for reason other than a pancreas transplant?

The participant answers “Yes” if insulin use was started but discontinued for 6 months or longer. More than one interruption is permitted if each is within the allotted time frame. If a participant has had a pancreas transplant and has stopped insulin use for more than six months because of the transplant, they are not excluded from participating in the T1DGC. If the participant answers “Yes,” stop completing this form; this family is ineligible. The participant answers “No” if insulin use was never disrupted after starting on insulin, or if any insulin was stopped for periods within six months. If the participant has not been diagnosed for six months, the “Not applicable” box is marked. However, this does not make the participant ineligible, continue with the form.

8. What is your date of birth?

Record the date of birth in the appropriate boxes. For some clinics, this information is considered an identifier and thus cannot be collected. In this case, the

interviewer marks the “Can not collect” box, but must answer Question 9. If clinics are able to collect a portion of the date of birth, the year is recorded in the appropriate boxes.

9. What is your current age?

The participant responds by providing his/her current age at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the participant’s current age. The participant’s age is recorded in years.

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.

The participant answers “Yes” if he/she has been diagnosed with another genetic disease that is known to be associated with non-classical insulin-dependent diabetes. If the participant answers “Yes” or “Don’t know,” show or read the participant the cue card listing the genetic disorders and diseases that exclude a person from participating in the T1DGC. If the participant answers “Yes,” stop completing this form; this family is ineligible. If the participant answers “No,” continue completing the form. If the participant still does not know, mark the “Don’t know” box and continue completing the form. This family’s eligibility is “PENDING.”

11. Are you willing to participate in this study? READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.

The participant now has the option to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The participant answers “Yes” if he/she is interested in learning more about the study and participating. If the participant answers “No,” stop completing this form; this family is ineligible. If the participant has already given his/her consent to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the participant answers “Don’t

know,” continue completing the form and follow-up at a later date for a definitive answer. This family’s eligibility is “PENDING.”

Questions 12-13 relate to the biological parents of the proband described above. It is required for both biological parents to participate in this study.

12. Is your biological father living?

The participant answers “Yes” if he/she knows their biological father is living. If the participant answers “No,” stop completing this form; this family is ineligible. If the participant answers “Don’t know,” continue completing the form; this family’s eligibility is “PENDING.”

13. Is your biological mother living?

The participant answers “Yes” if he/she knows their biological mother is living. If the participant answers “No,” stop completing this form; this family is ineligible. If the participant answers “Don’t know,” continue completing the form; this family’s eligibility is “PENDING.”

Questions 14-19 are directed toward clinic staff and are completed as the activity occurs (*i.e.*, after interviewing, after editing, and after receiving the *T1DGC Application to Eligibility Committee*).

INTERVIEWER COMPLETED

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

The interviewer reviews the questions to ensure this family meets eligibility requirements. The interviewer marks “Yes” if this family meets all eligibility requirements, and skips to Question 16. This family must consist of a proband and both biological parents. The interviewer marks “No” if at one point during the interview he/she came to a “STOP-INELIGIBLE” statement, and skips to Question 16. The interviewer marks “PENDING” if one or more questions about the proband or biological

parents were marked as “Don’t know” or the interviewer is in the process of applying to the Eligibility Committee. If “PENDING” is marked, the interviewer re-contacts the appropriate individuals within 10 days in order to determine eligibility or waits until a decision is made by the Eligibility Committee.

15. Is an application to the Eligibility Committee required?

The interviewer marks “Yes” if the proband appears to have type 1 diabetes, but does not meet the T1DGC definition of diabetes. The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. If the interviewer does not need to apply to the Eligibility Committee, the interviewer marks “No” and continues completing the form.

16. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after completion of the *T1DGC Trio Eligibility Form*.

17. ID of person editing

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

COMPLETED ONLY IF APPLICATION TO ELIGIBILITY COMMITTEE REQUIRED.

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

The interviewer completes this section **only** if a *T1DGC Application to Eligibility Committee* was sent to and a decision was made by the Eligibility Committee. The interviewer marks “Yes” if the Eligibility Committee decided the participant is eligible to participate, or marks “No” if the Eligibility Committee decided this participant is ineligible to participate in the T1DGC.

19. Date Eligibility Committee decision received by clinic

The interviewer records the date the application is returned to the clinic with a decision regarding the eligibility of the proband. Once information is received regarding the eligibility status of the proband, the clinic corrects Question 14 regarding eligibility status.

APPENDIX E
TRIO ELIGIBILITY FORM (GUARDIAN):
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and to provide answers to any questions from a participant or clinic staff member.

This form is administered to a guardian (*i.e.*, biological mother, biological father or other legal guardian) of the proband. **This form is used if the proband is under the legal age to give consent and it is determined by clinic staff that the proband is unable to understand and answer all of the questions.** Only one guardian answers the questions; however, more than one can be present at the interview. The interviewer reads the questions to the guardian and marks or records appropriate answers.

Information in all capital letters is an instruction to the interviewer and is not read to the participant.

If at any point during the screening process, the interviewer marks a shaded box, the prospective family is determined to be ineligible.

For eligible participants, please complete all parts of the form. Note that certain individual items may be marked “Don’t know” and with an asterisk. In these cases, continue completing the form and contact the appropriate individuals within 10 days in order to collect information not known at the time of the initial screening. The participant may need to contact his/her physician or other family members in order to obtain information. All “PENDING” responses refer to eligibility criteria and must be resolved before the form is forwarded to the Regional Network Center. Items without a “PENDING” status should be followed-up, but forms should be forwarded to the Regional Network Center when it has become apparent that this information will not be found. There may also be situations in which a participant diagnosed with type 1

diabetes does not meet the Type 1 Diabetes Genetics Consortium (T1DGC) criteria for type 1 diabetes. In this case the interviewer completes a *T1DGC Application to Eligibility Committee*.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a "0" is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950). All single digit numerical responses are recorded with a leading "0" (e.g., if participant is 5 years old, record "05").

Question by Question Instructions

The interviewer does not affix the Family ID Label until it has been determined that this family is eligible or the eligibility status is "PENDING." Once eligibility has been determined, the interviewer affixes the Family ID Label in the box shown in the upper right hand corner. A label is affixed on every page.

The interviewer records the clinic ID for his/her individual clinic. This number is assigned by the Regional Network Center and it is recorded on every page.

1. Interview date

This is the date the interview takes place. Record the date of the interview in the appropriate boxes. For some clinics, the information on the form is abstracted from other sources and transferred onto this form. In this case, the interviewer records the date the information is abstracted and the form is completed.

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

The interviewer marks all sources from which information is gathered about the participants. If information is obtained by calling a participant before he/she comes into the clinic, mark "Phone interview." If the participant comes into the clinic and is interviewed in person, the interviewer marks "Face-to-face interview." If information is

abstracted from other sources (e.g., other forms, pulling medical records), the interviewer marks “From existing records.” The interviewer marks all applicable answers.

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

The interviewer determines the relationship the guardian has with the proband. The interviewer may ask the participant his/her relationship to the children, if it is not already known. The interviewer marks “Biological Father” if the man completing the interview believes himself to be the biological father of the proband. The interviewer marks “Biological Mother” if the woman completing the interview gave birth to the proband. The interviewer marks “Other Guardian” if the person completing this form is neither biological parent of the proband. The interviewer should be aware of the relationship the guardian has to the child while administering this questionnaire. Versions of questions may differ based upon the guardian’s relationship to the proband.

4. Have you or any of your immediate family members previously participated in any of the following genetic studies? READ/SHOW PARTICIPANT CUE CARD.

The interviewer reads or shows the participant the cue card that includes the list of previously conducted genetic studies the T1DGC has genetic data from. The participant responds “Yes” if he/she or member(s) of their immediate family (*i.e.*, the proband and/or the proband’s biological parents) has participated in any of the genetic studies listed on the card. If the participant answers “Yes,” stop completing this form; this family is ineligible. If the participant does not know this information, the interviewer marks “Don’t know” and continues completing the form. This family’s eligibility is “PENDING.” If the participant answers “No,” the interviewer continues completing the form.

5. Do you have a child who has been diagnosed with type 1 diabetes?

The participant answers “Yes” if one of his/her children has been diagnosed with type 1 diabetes, insulin dependent diabetes, youth onset diabetes, or juvenile onset

diabetes. If the participant answers “No,” stop completing this form; this family is ineligible.

6. How old was this child when he/she was diagnosed with type 1 diabetes?

The participant gives the age the proband was diagnosed with type 1 diabetes. If he/she cannot recall the child’s age, an attempt is made to guess, or tell the interviewer in what year the child was diagnosed. The age of diagnosis is calculated from the year of diagnosis. If the age of diagnosis is 35 years or older, stop completing this form; this family is ineligible. The child’s age is recorded in years. If the child was less than 1 year old, record “00.”

7. Did this child use insulin within six months of being diagnosed?

The participant answers “Yes” if insulin was used at any point during the first six months after the proband was diagnosed with type 1 diabetes. This excludes nasal or inhaled insulin. If the participant answers “Yes,” skip to Question 8. If the participant answers “No,” the interviewer continues to Question 7a.

7a. Is there any other information to suggest that this child has type 1 (insulin dependent) diabetes?

If the participant answers “Yes,” the interviewer applies to the Eligibility Committee who reviews the information submitted on possible affected participants (e.g., the participant was diagnosed early in the natural history via autoantibodies and/or OGTT and thus is not on insulin). The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. This family’s eligibility is “PENDING.” If the participant answers “No,” stop completing this form; this family is ineligible.

8. Once this child started using insulin, did he/she ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?

The participant answers “Yes” if the proband’s insulin use was started but discontinued for six months or longer. More than one interruption is permitted if each is

within the allotted time frame. If the proband has had a pancreas transplant and has stopped insulin use for more than six months because of the transplant, they are not excluded from participating in the T1DGC. If the participant answers “Yes,” stop completing this form; this family is ineligible. The participant answers “No” if insulin use was never disrupted after starting on insulin, or if any insulin was stopped for periods within six months. If the participant has not been diagnosed for six months, the “Not applicable” box is marked. However, this does not make this participant ineligible, continue with the form.

9. What is this child’s date of birth?

Record the date of birth in the appropriate boxes. For some clinics, this information is considered an identifier and thus cannot be collected. In this case, the interviewer marks the “Can not collect” box, but must answer Question 10. If clinics are able to collect a portion of the date of birth, the year is recorded in the appropriate boxes.

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

The participant responds by providing the current age of the proband at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the proband’s current age. The proband’s age is recorded in years. If the child is less than 12 months old, mark the “Less than 12 months” box and continue completing this form. This family’s eligibility is “PENDING.” However, the child’s family is re-contacted after the child has had his/her first birthday.

11. Does this child have a specific genetic disorder or disease that caused his/her diabetes? This would include maturity onset diabetes of youth (MODY). IF YES OR DON’T KNOW, READ/SHOW PARTICIPANT CUE CARD.

The participant answers “Yes” if the proband has been diagnosed with another genetic disease that is known to be associated with non-classical insulin dependent diabetes. If the participant answers “Yes” or “Don’t know,” show or read the participant

the cue card listing the genetic disorders and diseases that exclude a person from participating in the T1DGC. If the participant answers “Yes,” stop completing this form; this family is ineligible. If the participant answers “No,” continue completing the form. If the participant still does not know, mark the “Don’t know” box and continue completing the form. This family’s eligibility is “PENDING.”

12. Are you willing to have this child participate in this study? READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.

The participant now has the option to allow this child to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The participant answers “Yes” if he/she is interested in learning more about the study and allowing their child to participate. If the participant answers “No,” stop completing this form; this family is ineligible. If the participant has already given their consent for this child to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the participant answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer. This family’s eligibility is “PENDING.”

Questions 13-14 relate to the biological parents of the child described above. There are two versions of each question depending on who is completing the interview. Be sure to ask the participant the correct version of the question. It is required for both biological parents to participate in this study.

IF BIOLOGICAL FATHER COMPLETING FORM: 13a. Are you willing to participate in this study?

If the biological father is completing the form, this question is asked of the participant. He now has the option to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study if necessary. The father answers “Yes” if he is interested in learning more about the study and participating in the T1DGC. If he answers “No,” stop completing this form; this family is ineligible. If he has already given his consent to

participate in the study prior to completing this eligibility form, mark the “Has signed consent” box and continue with the form. If the father answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer. This family’s eligibility is “PENDING.”

IF BIOLOGICAL MOTHER OR OTHER GUARDIAN COMPLETING FORM: 13b. Is the biological father of these children living?

If the biological mother or other guardian is completing the form, this question is asked of the participant. The participant answers “Yes” if he/she knows the biological father of the child described above is living. If the participant answers “No,” stop completing this form; this family is ineligible. If the participant answers “Don’t know,” continue completing the form; this family’s eligibility is “PENDING.”

IF BIOLOGICAL MOTHER COMPLETING FORM: 14a. Are you willing to participate in this study?

If the biological mother is completing the form, this question is asked of the participant. She now has the option to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The mother answers “Yes” if she is interested in learning more about the study and participating in the T1DGC. If she answers “No,” stop completing this form; this family is ineligible. If she has already given her consent to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the mother answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer. This family’s eligibility is “PENDING.”

IF BIOLOGICAL FATHER OR OTHER GUARDIAN COMPLETING FORM: 14b. Is the biological mother of these children living?

If the biological father or other guardian is completing the form, this question is asked of the participant. The participant answers “Yes” if he/she knows the biological mother of the child described above is living. If the participant answers “No,” stop

completing this form; this family is ineligible. If the participant answers “Don’t know,” continue completing the form; this family’s eligibility is “PENDING.”

Questions 15-20 are directed toward clinic staff and are completed as the activity occurs (i.e., after interviewing, after editing, and after receiving the *T1DGC Application to Eligibility Committee*).

INTERVIEWER COMPLETED

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

The interviewer reviews the questions to ensure this family meets eligibility requirements. The interviewer marks “Yes” if this family meets all eligibility requirements, and skips to Question 17. This family must consist of a proband and both biological parents. The interviewer marks “No” if at one point during the interview he/she came to a “STOP-INELIGIBLE” statement, and skips to Question 17. The interviewer marks “PENDING” if one or more questions about the proband or biological parents were marked as “Don’t know” or the interviewer is in the process of applying to the Eligibility Committee. If “PENDING” is marked, the interviewer re-contacts the appropriate individuals within 10 days in order to determine eligibility or waits until a decision is made by the Eligibility Committee.

16. Is an application to the Eligibility Committee required?

The interviewer marks “Yes” if the proband appears to have type 1 diabetes, but does not meet the T1DGC definition of diabetes. The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. If the interviewer does not need to apply to the Eligibility Committee, the interviewer marks “No” and continues completing the form.

17. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after completion of the *T1DGC Trio Eligibility Form*.

18. ID of person editing

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

COMPLETED ONLY IF APPLICATION TO ELIGIBILITY COMMITTEE REQUIRED.

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

The interviewer completes this section **only** if a *T1DGC Application to Eligibility Committee* was sent to and a decision was made by the Eligibility Committee. The interviewer marks “Yes” if the Eligibility Committee decided the participant is eligible to participate, or marks “No” if the Eligibility Committee decided this participant is ineligible to participate in the T1DGC.

20. Date Eligibility Committee decision received by clinic

The interviewer records the date the application is returned to the clinic with a decision regarding the eligibility of the proband. Once information is received regarding the eligibility status of the proband, the clinic corrects Question 15 regarding eligibility status.

APPENDIX F
CASE ELIGIBILITY FORM (CASE):
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and to provide answers to any questions from a participant or clinic staff member.

This form is administered to the case. The case is an individual diagnosed with type 1 diabetes. **This form is used if the case is of legal age to give consent and it is determined by clinic staff that the case is able to understand and answer all of the questions.** Only the case answers questions; however, the legal guardians of the case can be present at the interview. The interviewer reads the questions to the case and marks or records appropriate answers.

Information in all capital letters is an instruction to the interviewer and is not read to the participant.

If at any point during the screening process, the interviewer marks a shaded box, the prospective participant is deemed ineligible.

For eligible participants, please complete all parts of the form. Note that certain individual items may be marked “Don’t know” and with an asterisk. In these cases, continue completing the form and contact the appropriate individuals within 10 days in order to collect information not known at the time of the initial screening. The participant may need to contact his/her physician or other family members in order to obtain information. All “PENDING” responses refer to eligibility criteria and must be resolved before the form is forwarded to the Regional Network Center. Items without a “PENDING” status should be followed-up, but forms should be forwarded to the Regional Network Center when it has become apparent that this information will not be found. There may also be situations in which a participant diagnosed with type 1 diabetes does not meet the Type 1 Diabetes Genetics Consortium (T1DGC) criteria for

type 1 diabetes. In this case the interviewer completes a *T1DGC Application to Eligibility Committee*.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a "0" is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950). All single digit numerical responses are recorded with a leading "0" (e.g., if participant is 5 years old, record "05").

Question by Question Instructions

The interviewer does not affix the Case ID Label until it has been determined that this individual is eligible or the eligibility status is "PENDING." Once eligibility has been determined, the interviewer affixes the Case ID Label in the box shown in the upper right hand corner. A label is affixed on every page.

The interviewer records the clinic ID for his/her individual clinic. This number is assigned by the Regional Network Center and it is recorded on every page. The secondary ID (CAS) is already recorded on this form as it is used only for cases.

1. Interview date

This is the date the interview takes place. Record the date of the interview in the appropriate boxes. For some clinics, the information on the form is abstracted from other sources and transferred onto this form. In this case, the interviewer records the date the information is abstracted and the form is completed.

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

The interviewer marks all sources from which information is gathered about the participant. If information is obtained by calling a participant before he/she comes into the clinic, mark "Phone interview." If the participant comes into the clinic and is interviewed in person, the interviewer marks "Face-to-face interview." If information is

abstracted from other sources (e.g., other forms, pulling medical records), the interviewer marks "From existing records." The interviewer marks all applicable answers.

3. Have you been diagnosed with type 1 diabetes?

The participant answers "Yes" if he/she has been diagnosed with type 1 diabetes, insulin dependent diabetes, youth onset diabetes, or juvenile onset diabetes. If the participant answers "No," stop completing this form; this participant is ineligible.

4. Is your origin of birth, or primary ethnic origin one of the following? READ CHOICES AND RECORD PARTICIPANT'S RESPONSE.

In Asia-Pacific or European Networks read the categories listed in the first section of the question: Cameroon, India or Thailand. If the participant answers "None of the above," stop completing this form; this participant is ineligible.

In the North American Network, read the choices listed under the second section of the question: Mexican American, African American or both. If the participant answers "None of the above," stop completing this form; this participant is ineligible.

5. Have you or any of your immediate family members previously participated in any of the following genetic studies? READ/SHOW PARTICIPANT CUE CARD.

The interviewer reads or shows the participant the cue card that includes the list of previously conducted genetic studies the T1DGC has genetic data from. The participant responds "Yes" if he/she or member(s) of their immediate family (*i.e.*, the participant, the participant's full biological siblings and/or the participant's biological parents) has participated in any of the genetic studies listed on the card. If the participant answers "Yes," stop completing this form; this individual is ineligible. If the participant does not know this information, the interviewer marks "Don't know" and continues completing the form. This individual's eligibility is "PENDING." If the participant answers "No," the interviewer continues completing the form.

6. At what age were you diagnosed with type 1 diabetes?

The participant gives the age he/she was diagnosed with type 1 diabetes. If he/she cannot recall their age, an attempt is made to guess, or tell the interviewer in what year they were diagnosed. The age of diagnosis is calculated from the year of diagnosis. If the age of diagnosis is 35 years or under, stop completing this form; this participant is ineligible. The participant's age is recorded in years. If the participant was less than 1 year old, record "00."

7. Did you use insulin within six months of being diagnosed?

The participant answers "Yes" if insulin was used at any point during the first six months after he/she was diagnosed with type 1 diabetes. This excludes nasal or inhaled insulin. If the participant answers "Yes," skip to Question 8. If the participant answers "No," the interviewer continues to Question 7a.

7a. Is there any other information to suggest you have type 1 (insulin dependent) diabetes?

If the participant answers "Yes," the interviewer applies to the Eligibility Committee who reviews the information submitted on possible affected participants (e.g., the participant was diagnosed early in the natural history via autoantibodies and/or OGTT and thus is not on insulin). The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. This participant's eligibility is "PENDING." If the participant answers "No," stop completing this form; this participant is ineligible.

8. Once you started using insulin, did you ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?

The participant answers "Yes" if insulin use was started but discontinued for 6 months or longer. More than one interruption is permitted if each is within the allotted time frame. If a participant has had a pancreas transplant and has stopped insulin use for more than 6 months because of the transplant, they are not excluded from participating in the T1DGC. If the participant answers "Yes," stop completing this form;

this participant is ineligible. The participant answers “No” if insulin use was never disrupted after starting on insulin, or if any insulin was stopped for periods within 6months. If the participant has not been diagnosed for six months, the “Not applicable” box is marked. However, this does not make the participant ineligible, continue with the form.

9. What is your date of birth?

Record the date of birth in the appropriate boxes. For some clinics, this information is considered an identifier and thus cannot be collected. In this case, the interviewer marks the “Can not collect” box, but must answer Question 10. If clinics are able to collect a portion of the date of birth, the year is recorded in the appropriate boxes.

10. What is your current age?

The participant responds by providing his/her current age at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the participant’s current age. The participant’s age is recorded in years.

11. 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.

The participant answers “Yes” if he/she has been diagnosed with another genetic disease that is known to be associated with non-classical insulin dependent diabetes. If the participant answers “Yes” or “Don’t know” show or read the participant the cue card listing the genetic disorders and diseases that exclude a person from participating in the T1DGC. If the participant answers “Yes,” stop completing this form; this participant is ineligible. If the participant answers “No,” continue completing the form. If the participant still does not know, mark the “Don’t know” box and continue completing the form. This participant’s eligibility is “PENDING.”

12. Are you willing to participate in this study? READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.

The participant now has the option to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The participant answers “Yes” if he/she is interested in learning more about the study and participating. If the participant answers “No,” stop completing this form; this participant is ineligible. If the participant has already given his/her consent to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the participant answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer. This participant’s eligibility is “PENDING.”

13. In what region do you live, or to what tribe do you belong? IN INDIA OR CAMEROON, HAND PARTICIPANT CUE CARD AND RECORD RESPONSE.

In China, India or Cameroon, the participant chooses one region or tribe. The interviewer hands (or reads) the participant the cue card containing a list of regions or tribes to choose from. If a participant chooses more than one region or tribe, the interviewer asks which region or tribe he/she most identifies with and records that choice. Record the appropriate code(s) in the boxes. In North America and Thailand, the region or tribe is not applicable; the interviewer marks “Not Applicable.”

Questions 14-19 are directed toward clinic staff and are completed as the activity occurs (*i.e.*, after interviewing, after editing, and after receiving the *T1DGC Application to Eligibility Committee*).

INTERVIEWER COMPLETED

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

The interviewer reviews the questions to ensure this person meets eligibility requirements. The interviewer marks “Yes” if this person meets all eligibility requirements, and skips to Question 16. The interviewer marks “No” if at one point

during the interview he/she came to a “STOP-INELIGIBLE” statement, and skips to Question 16. The interviewer marks “PENDING” if one or more questions were marked as “Don’t know,” or the interviewer is in the process of applying to the Eligibility Committee. If “PENDING” is marked, the interviewer re-contacts the appropriate individuals within 10 days in order to determine eligibility or waits until a decision is made by the Eligibility Committee.

15. Is an application to the Eligibility Committee required?

The interviewer marks “Yes” if the participant appears to have type 1 diabetes, but does not meet the T1DGC definition of diabetes. The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. If the interviewer does not need to apply to the Eligibility Committee, the interviewer marks “No” and continues completing the form.

16. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after completion of the *T1DGC Case Eligibility Form*.

17. ID of person editing

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

COMPLETED ONLY IF APPLICATION TO ELIGIBILITY COMMITTEE IS REQUIRED.

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

The interviewer completes this section **only** if a *T1DGC Application to Eligibility Committee* was sent to and a decision was made by the Eligibility Committee. The interviewer marks “Yes” if the Eligibility Committee decided the participant is eligible to

participate, or marks “No” if the Eligibility Committee decided this participant is ineligible to participate in the T1DGC.

19. Date Eligibility Committee decision received by clinic

The interviewer records the date the application is returned to the clinic with a decision regarding the eligibility of the participant. Once information is received regarding the eligibility status of the participant, the clinic corrects Question 14 regarding eligibility status.

APPENDIX G
CASE ELIGIBILITY FORM (GUARDIAN):
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and to provide answers to any questions from a participant or clinic staff member.

This form is administered to a guardian (*i.e.*, biological mother, biological father or other legal guardian) of the case. The case is an individual diagnosed with type 1 diabetes. **This form is used if the case is under the legal age to give consent and it is determined by clinic staff that the case is unable to understand and answer all of the questions.** Only one guardian answers the questions; however, more than one can be present at the interview. The interviewer reads the questions to the guardian and marks or records appropriate answers.

Information in all capital letters is an instruction to the interviewer and is not read to the participant.

If at any point during the screening process, the interviewer marks a shaded box, the prospective individual is deemed ineligible.

For eligible participants, please complete all parts of the form. Note that certain individual items may be marked “Don’t know” and with an asterisk. In these cases, continue completing the form and contact the appropriate individuals within 10 days in order to collect information not known at the time of the initial screening. The participant may need to contact his/her physician or other family members in order to obtain information. All “PENDING” responses refer to eligibility criteria and must be resolved before the form is forwarded to the Regional Network Center. Items without a “PENDING” status should be followed-up, but forms should be forwarded to the Regional Network Center when it has become apparent that this information will not be found. There may also be situations in which a participant diagnosed with type 1

diabetes does not meet the Type 1 Diabetes Genetics Consortium (T1DGC) criteria for type 1 diabetes. In this case the interviewer completes a *T1DGC Application to Eligibility Committee*.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a "0" is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950). All single digit numerical responses are recorded with a leading "0" (e.g., if participant is 5 years old, record "05").

Question by Question Instructions

The interviewer does not affix the Case ID Label until it has been determined that this individual is eligible or the eligibility status is "PENDING." Once eligibility has been determined, the interviewer affixes the Case ID Label in the box shown in the upper right hand corner. A label is affixed on every page.

The interviewer records the clinic ID for his/her individual clinic. This number is assigned by the Regional Network Center and it is recorded on every page. The secondary ID (CAS) is already recorded on this form as it is used only for cases.

1. Interview date

This is the date the interview takes place. Record the date of the interview in the appropriate boxes. For some clinics, the information on the form is abstracted from other sources and transferred onto this form. In this case, the interviewer records the date the information is abstracted and the form is completed.

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

The interviewer marks all sources from which information is gathered about the participant. If information is obtained by calling a participant before he/she comes into the clinic, mark "Phone interview." If the participant comes into the clinic and is

interviewed in person, the interviewer marks “Face-to-face interview.” If information is abstracted from other sources (e.g., other forms, pulling medical records), the interviewer marks “From existing records.” The interviewer marks all applicable answers.

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

The interviewer determines the relationship the guardian has with the case. The interviewer may ask the participant his/her relationship to the child, if it is not already known. The interviewer marks “Biological Father” if the man completing the interview believes himself to be the biological father of the case. The interviewer marks “Biological Mother” if the woman completing the interview gave birth to the case. The interviewer marks “Other Guardian” if the person completing this form is neither biological parent of the case.

4. Has this child been diagnosed with type 1 diabetes?

The participant answers “Yes” if this child has been diagnosed with type 1 diabetes, insulin dependent diabetes, youth onset diabetes, or juvenile onset diabetes. If the participant answers “No,” stop completing this form; this participant is ineligible.

5. Is this child’s origin of birth, or primary ethnic origin one of the following? READ CHOICES AND RECORD PARTICIPANT’S RESPONSE.

In Asia-Pacific or European Networks, read the categories listed in the first section of the question: Cameroon, India or Thailand. If the guardian answers “None of the above,” stop completing this form; this participant is ineligible.

In the North American Network, read the choices listed under the second section of the question: Mexican American, African American or both. If the guardian answers “None of the above,” stop completing this form; this participant is ineligible.

6. 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.

The interviewer reads or shows the guardian the cue card that includes the list of previously conducted genetic studies the T1DGC has genetic data from. The guardian responds “Yes” if this child or member(s) of his/her immediate family (*i.e.*, the case, the case’s full biological siblings and/or the case’s biological parents) has participated in any of the genetic studies listed on the card. If the guardian answers “Yes,” stop completing this form; this individual is ineligible. If the guardian does not know this information, the interviewer marks “Don’t know” and continues completing the form. This individual’s eligibility is “PENDING.” If the guardian answers “No,” the interviewer continues completing the form.

7. How old was this child when he/she was diagnosed with type 1 diabetes?

The guardian gives the age the case was diagnosed with type 1 diabetes. If he/she cannot recall the child’s age, an attempt is made to guess, or tell the interviewer in what year the child was diagnosed. The age of diagnosis is calculated from the year of diagnosis. If the age of diagnosis is 35 years or older, stop completing this form; this participant is ineligible. The child’s age is recorded in years. If the child was less than 1 year old, record “00.”

8. Did this child use insulin within six months of being diagnosed?

The guardian answers “Yes” if insulin was used at any point during the first six months after the case was diagnosed with type 1 diabetes. This excludes nasal or inhaled insulin. If the guardian answers “Yes,” skip to Question 9. If the guardian answers “No,” the interviewer continues to Question 8a.

8a. Is there any other information to suggest that this child has type 1 (insulin dependent) diabetes?

If the guardian answers “Yes,” the interviewer applies to the Eligibility Committee who reviews the information submitted on possible affected participants (*e.g.*, the

participant was diagnosed early in the natural history via autoantibodies and/or OGTT and thus is not on insulin). The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. This participant's eligibility is "PENDING." If the guardian answers "No," stop completing this form; this participant is ineligible.

9. Once this child started using insulin, did he/she ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?

The guardian answers "Yes" if the case's insulin use was started but discontinued for six months or longer. More than one interruption is permitted if each is within the allotted time frame. If the case has had a pancreas transplant and has stopped using insulin for more than six months because of the transplant, they are not excluded from participating in the T1DGC. If the guardian answers "Yes," stop completing this form; this participant is ineligible. The guardian answers "No" if insulin use was never disrupted after starting on insulin, or if any insulin was stopped for periods within six months. If the participant has not been diagnosed for six months, the "Not applicable" box is marked. However, this does not make this participant ineligible, continue with the form.

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

Record the date of birth in the appropriate boxes. For some clinics, this information is considered an identifier and thus cannot be collected. In this case, the interviewer marks the "Can not collect" box, but must answer Question 11. If clinics are able to collect a portion of the date of birth, the year is recorded in the appropriate boxes.

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

The guardian responds by providing the current age of the child at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the child's current age. The child's age is recorded in

years. If the child is less than 12 months old, mark the “Less than 12 months” box and continue completing this form. This participant’s eligibility is “PENDING.” However, the child’s family is re-contacted after the child has had his/her first birthday.

12. Does this child have a specific genetic disorder or disease that caused his/her diabetes? This would include maturity onset diabetes of youth (MODY). IF YES OR DON’T KNOW, READ/SHOW PARTICIPANT CUE CARD.

The guardian answers “Yes” if the child has been diagnosed with another genetic disease that is known to be associated with non-classical insulin dependent diabetes. If the guardian answers “Yes” or “Don’t know,” show or read the participant the cue card listing the genetic disorders and diseases that exclude a person from participating in the T1DGC. If the guardian answers “Yes,” stop completing this form; this participant is ineligible. If the guardian answers “No,” continue completing the form. If the guardian still does not know, mark the “Don’t know” box and continue completing the form. This participant’s eligibility is “PENDING.”

13. Are you willing to have this child participate in this study? READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.

The guardian now has the option to allow this child to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The guardian answers “Yes” if he/she is interested in learning more about the study and allowing this child to participate. If the guardian answers “No,” stop completing this form; this participant is ineligible. If the guardian has already given their consent for this child to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the guardian answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer. This participant’s eligibility is “PENDING.”

14. In what region does this child live, or to what tribe does this child belong? IN INDIA OR CAMEROON, HAND PARTICIPANT CUE CARD AND RECORD RESPONSE.

In India or Cameroon, the participant chooses one region or tribe. The interviewer hands (or reads) the participant the cue card containing a list of regions or tribes to choose from. If a participant chooses more than one region or tribe, the interviewer asks which region or tribe he/she most identifies with and records that choice. Record the appropriate code(s) in the boxes. In North America and Thailand, the region or tribe is not applicable; the interviewer marks "Not Applicable."

Questions 15-20 are directed toward clinic staff and are completed as the activity occurs (i.e., after interviewing, after editing, and after receiving the *T1DGC Application to Eligibility Committee*).

INTERVIEWER COMPLETED

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

The interviewer reviews the questions to ensure this child meets eligibility requirements. The interviewer marks "Yes" if this child meets all eligibility requirements, and skips to Question 17. The interviewer marks "No" if at one point during the interview he/she came to a "STOP-INELIGIBLE" statement, and skips to Question 17. The interviewer marks "PENDING" if one or more questions regarding the child were marked as "Don't know," or the interviewer is in the process of applying to the Eligibility Committee. If "PENDING" is marked, the interviewer re-contacts the appropriate individuals within 10 days in order to determine eligibility or waits until a decision is made by the Eligibility Committee.

16. Is an application to the Eligibility Committee required?

The interviewer marks "Yes" if the child appears to have type 1 diabetes, but does not meet the T1DGC definition of diabetes. The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The

interviewer continues completing the form. If the interviewer does not need to apply to the Eligibility Committee, the interviewer marks “No” and continues completing the form.

17. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after completion of the *T1DGC Case Eligibility Form*.

18. ID of person editing

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

COMPLETED ONLY IF APPLICATION TO ELIGIBILITY COMMITTEE IS REQUIRED.

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

The interviewer completes this section **only** if a *T1DGC Application to Eligibility Committee* was sent to and a decision was made by the Eligibility Committee. The interviewer marks “Yes” if the Eligibility Committee decided the child is eligible to participate, or marks “No” if the Eligibility Committee decided this child is ineligible to participate in the T1DGC.

20. Date Eligibility Committee decision received by clinic

The interviewer records the date the application is returned to the clinic with a decision regarding the eligibility of the child. Once information is received regarding the eligibility status of the child, the clinic corrects Question 15 regarding eligibility status.

APPENDIX H
CONTROL ELIGIBILITY FORM (CONTROL):
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and to provide answers to any questions from a participant or clinic staff member.

This form is administered to the control. The control is an individual who has not been diagnosed with type 1 diabetes. **This form is used if the control is of legal age to give consent and it is determined by clinic staff that the control is able to understand and answer all of the questions.** Only the control answers questions; however, the legal guardians of the control can be present at the interview. The interviewer reads the questions to the control and marks or records appropriate answers.

Information in all capital letters is an instruction to the interviewer and is not read to the participant.

If at any point during the screening process, the interviewer marks a shaded box, the prospective participant is deemed ineligible.

For eligible participants, please complete all parts of the form. Note that certain individual items may be marked “Don’t know” and with an asterisk. In these cases, continue completing the form and contact the appropriate individuals within 10 days in order to collect information not known at the time of the initial screening. The participant may need to contact his/her physician or other family members in order to obtain information. All “PENDING” responses refer to eligibility criteria and must be resolved before the form is forwarded to the Regional Network Center. Items without a “PENDING” status should be followed-up, but forms should be forwarded to the Regional Network Center when it has become apparent that this information will not be found.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a "0" is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950). All single digit numerical responses are recorded with a leading "0" (e.g., if participant is 5 years old, record "05").

Question by Question Instructions

The interviewer does not affix the Control ID Label until it has been determined that this individual is eligible or the eligibility status is "PENDING." Once eligibility has been determined, the interviewer affixes the Control ID Label in the box shown in the upper right hand corner. A label is affixed on every page.

The interviewer records the clinic ID for his/her individual clinic. This number is assigned by the Regional Network Center and it is recorded on every page. The secondary ID (CON) is already recorded on this form as it is used only for controls.

1. Interview date

This is the date the interview takes place. Record the date of the interview in the appropriate boxes. For some clinics, the information on the form is abstracted from other sources and transferred onto this form. In this case, the interviewer records the date the information is abstracted and the form is completed.

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

The interviewer marks all sources from which information is gathered about the participant. If information is obtained by calling a participant before he/she comes into the clinic, mark "Phone interview." If the participant comes into the clinic and is interviewed in person, the interviewer marks "Face-to-face interview." If information is abstracted from other sources (e.g., other forms, pulling medical records), the interviewer marks "From existing records." The interviewer marks all applicable answers.

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

The participant answers “No” if he/she has not been diagnosed with any form of diabetes. This includes, but is not limited to type 1 diabetes, type 2 diabetes, and MODY. If the participant answers “Yes,” stop completing this form; this participant is ineligible.

4. Is your origin of birth, or primary ethnic origin one of the following? READ CHOICES AND RECORD PARTICIPANT’S RESPONSE.

In Asia-Pacific or European Networks read the categories listed in the first section of the question: Cameroon, India or Thailand. If the participant answers “None of the above,” stop completing this form; this participant is ineligible.

In the North American Network, read the choices listed under the second section of the question: Mexican American, African American or both. If the participant answers “None of the above,” stop completing this form; this participant is ineligible.

5. Have you or any of your immediate family members previously participated in any of the following genetic studies? READ/SHOW PARTICIPANT CUE CARD.

The interviewer reads or shows the participant the cue card that includes the list of previously conducted genetic studies the T1DGC has genetic data from. The participant responds “Yes” if he/she or member(s) of their immediate family (*i.e.*, the participant, the participant’s full biological siblings and/or the participant’s biological parents) has participated in any of the genetic studies listed on the card. If the participant answers “Yes,” stop completing this form; this individual is ineligible. If the participant does not know this information, the interviewer marks “Don’t know” and continues completing the form. This individual’s eligibility is “PENDING.” If the participant answers “No,” the interviewer continues completing the form.

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 maturity onset diabetes of youth (MODY)?

The participant answers “No” if no biological relative has been diagnosed with any form of diabetes. This includes, but is not limited to type 1 diabetes, type 2 diabetes, and MODY. If the participant answers “Yes,” stop completing this form; this participant is ineligible.

7. Do you have any of the following diseases? READ/SHOW PARTICIPANT CUE CARD.

The interviewer hands (or reads) the cue card containing a list of diseases. If the participant answers “Yes,” stop completing this form; this participant is ineligible. If the participant does not know this information, the interviewer marks “Don’t know” and continues completing the form. This individual’s eligibility is “PENDING.” If the participant answers “No,” the interviewer continues completing the form.

8. Are you willing to participate in this study? READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.

The participant now has the option to participate in the T1DGC. Participant involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The participant answers “Yes” if he/she is interested in learning more about the study and participating. If the participant answers “No,” stop completing this form; this participant is ineligible. If the participant has already given his/her consent to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the participant answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer. This participant’s eligibility is “PENDING.”

9. What is your date of birth?

Record the date of birth in the appropriate boxes. For some clinics, this information is considered an identifier and thus cannot be collected. In this case, the

interviewer marks the “Can not collect” box, but must answer Question 10. If clinics are able to collect a portion of the date of birth, the year is recorded in the appropriate boxes.

10. What is your current age?

The participant responds by providing his/her current age at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the participant’s current age. The participant’s age is recorded in years.

11. Gender

The participant responds by providing his/her gender.

12a. Are you Latino, Hispanic or of Spanish origin?

The participant answers “Yes” if he/she considers himself/herself to be either Latino, Hispanic or of Spanish origin. For some clinics, this question is not asked (e.g., Asia-Pacific). In this case, the interviewer marks “Not applicable” and continues with the form. **“Not applicable” is only marked when this question is not read to the participant.** Regardless of the answer to this question, the participant must answer Question 12b.

12b. Which of the following best describes your race (or ethnic origin)? HAND PARTICIPANT CUE CARD AND RECORD PARTICIPANT’S RESPONSES.

This question can be read differently depending on the clinic; either the word “race” or “ethnic origin” may be used due to cultural sensitivity. The interviewer hands (or reads) the participant the cue card containing a list of races (or ethnic origins) to choose from. The participant chooses up to three responses that best describe his/her race (or ethnic origin). If the participant does not feel that any race (or ethnic origin) describes his/her race (or ethnic origin), the entire list found in **Chapter V, Interviewing Instructions**, Appendix L, should be shown to the participant and choices should be made from this list. Record the appropriate code(s) in the boxes. At least one set of

boxes must be completed. If a participant chooses more than one category, the interviewer asks which race (or ethnic origin) he/she most identifies with and records that choice in the first set of boxes with the word “Primary” beside it.

13. In what region do you live, or to what tribe do you belong? IN INDIA OR CAMEROON, HAND PARTICIPANT CUE CARD AND RECORD RESPONSE.

In India or Cameroon, the participant chooses one region or tribe. The interviewer hands (or reads) the participant the cue card containing a list of regions or tribes to choose from. If a participant chooses more than one region or tribe, the interviewer asks which region or tribe he/she most identifies with and records that choice. Record the appropriate code(s) in the boxes. In North America and Thailand, the region or tribe is not applicable; the interviewer marks “Not Applicable.”

14. Have you participated in any of the following regional, national or international studies? READ/SHOW PARTICIPANT CUE CARD.

The interviewer hands (or reads) the participant the cue card listing previous and ongoing studies. The participant responds “Yes” if he/she has participated in any of the studies on the cue card. If the participant answers “Yes,” the interviewer continues with Question 14a. If the participant answers “No” or “Don’t know,” skip to Question 15.

14a. In which studies have you participated? RECORD MAXIMUM OF FIVE STUDY CODES.

The participant responds by providing the study names in which he/she has participated. The interviewer records up to five study codes that correspond with the study(ies) in which the control has participated.

Questions 15-17 are directed toward clinic staff and are completed as the activity occurs (i.e., after interviewing and after editing).

INTERVIEWER COMPLETED

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

The interviewer reviews the questions to ensure this person meets eligibility requirements. The interviewer marks “Yes” if this person meets all eligibility requirements and continues completing the form. The interviewer marks “No” if at one point during the interview he/she came to a “STOP-INELIGIBLE” statement and continues completing the form. The interviewer marks “PENDING” if one or more questions were marked as “Don’t know.” If “PENDING” is marked, the interviewer re-contacts the appropriate individuals within 10 days in order to determine eligibility.

16. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after completion of the *T1DGC Control Eligibility Form*.

17. ID of person editing

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

APPENDIX I
CONTROL ELIGIBILITY FORM (GUARDIAN):
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and to provide answers to any questions from a participant or clinic staff member.

This form is administered to a guardian (*i.e.*, biological mother, biological father or other legal guardian) of the control. The control is an individual who has not been diagnosed with type 1 diabetes. **This form is used if the control is under the legal age to give consent and it is determined by clinic staff that the control is unable to understand and answer all of the questions.** Only one guardian answers the questions; however, more than one can be present at the interview. The interviewer reads the questions to the guardian and marks or records appropriate answers.

Information in all capital letters is an instruction to the interviewer and is not read to the participant.

If at any point during the screening process, the interviewer marks a shaded box, the prospective individual is deemed ineligible.

For eligible participants, please complete all parts of the form. Note that certain individual items may be marked “Don’t know” and with an asterisk. In these cases, continue completing the form and contact the appropriate individuals within 10 days in order to collect information not known at the time of the initial screening. The guardian may need to contact his/her child’s physician or other family members in order to obtain information. All “PENDING” responses refer to eligibility criteria and must be resolved before the form is forwarded to the Regional Network Center. Items without a “PENDING” status should be followed-up, but forms should be forwarded to the Regional Network Center when it has become apparent that this information will not be found.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a "0" is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950). All single digit numerical responses are recorded with a leading "0" (e.g., if participant is 5 years old, record "05").

Question by Question Instructions

The interviewer does not affix the Control ID Label until it has been determined that this individual is eligible or the eligibility status is "PENDING." Once eligibility has been determined, the interviewer affixes the Control ID Label in the box shown in the upper right hand corner. A label is affixed on every page.

The interviewer records the clinic ID for his/her individual clinic. This number is assigned by the Regional Network Center and it is recorded on every page. The secondary ID (CON) is already recorded on this form as it is used only for controls.

1. Interview date

This is the date the interview takes place. Record the date of the interview in the appropriate boxes. For some clinics, the information on the form is abstracted from other sources and transferred onto this form. In this case, the interviewer records the date the information is abstracted and the form is completed.

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

The interviewer marks all sources from which information is gathered about the participant. If information is obtained by calling a participant's guardian before he/she comes into the clinic, mark "Phone interview." If the guardian comes into the clinic and is interviewed in person, the interviewer marks "Face-to-face interview." If information is abstracted from other sources (e.g., other forms, pulling medical records), the interviewer marks "From existing records." The interviewer marks all applicable answers.

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

The interviewer determines the relationship the guardian has with the control. The interviewer may ask the participant his/her relationship to the child, if it is not already known. The interviewer marks "Biological Father" if the man completing the interview believes himself to be the biological father of the control. The interviewer marks "Biological Mother" if the woman completing the interview gave birth to the control. The interviewer marks "Other Guardian" if the person completing this form is neither biological parent of the control.

4. Has this child ever been diagnosed with type 1 diabetes, type 2 diabetes, or maturity onset diabetes of youth (MODY)?

The guardian answers "Yes" if this child has been diagnosed with type 1 diabetes, type 2 diabetes or MODY. If the guardian answers "Yes," stop this participant is ineligible. If the guardian answers "No," continue completing this form.

5. Is this child's origin of birth, or primary ethnic origin one of the following? READ CHOICES AND RECORD PARTICIPANT'S RESPONSE.

In Asia-Pacific or European Networks read the categories listed in the first section of the question: Cameroon, India or Thailand. If the guardian answers "None of the above," stop completing this form; this participant is ineligible.

In the North American Network, read the choices listed under the second section of the question: Mexican American, African American or both. If the guardian answers "None of the above," stop completing this form; this participant is ineligible.

6. 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.

The interviewer reads or shows the guardian the cue card that includes the list of previously conducted genetic studies the T1DGC has genetic data from. The guardian responds "Yes" if this child or member(s) of his/her immediate family (*i.e.*, the control,

the control's full biological siblings and/or the control's biological parents) has participated in any of the genetic studies listed on the card. If the guardian answers "Yes," stop completing this form; this individual is ineligible. If the guardian does not know this information, the interviewer marks "Don't know" and continues completing the form. This individual's eligibility is "PENDING." If the guardian answers "No," the interviewer continues completing the form.

7. Has any one of this child's biological relatives – father, mother, brother(s), sister(s) or children ever been diagnosed with type 1 diabetes, type 2 diabetes, or MODY?

The guardian answers "Yes," if any of this child's biological relative has been diagnosed with type 1 diabetes, insulin dependent diabetes, youth onset diabetes, or juvenile onset diabetes. If the guardian answers "Yes," stop, this participant is ineligible. If the guardian answers "No," the interviewer continues completing the form. If the guardian does not know this information, the interviewer marks "Don't know" and continues completing the form. This person's eligibility is "PENDING."

8. Does this child have any of the following diseases? READ/SHOW PARTICIPANT CUE CARD.

The interviewer hands (or reads) the cue card containing a list of diseases. If the guardian answers "Yes," stop completing this form; this participant is ineligible. If the guardian does not know this information, the interviewer marks "Don't know" and continues completing the form. This individual's eligibility is "PENDING." If the guardian answers "No," the interviewer continues completing the form.

9. Are you willing to have this child participate in this study? READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.

The guardian now has the option to allow this child to participate in the T1DGC. The child's involvement in the study is discussed. The interviewer reads the cue card containing a brief description of the study. The guardian answers "Yes" if he/she is interested in learning more about the study and allowing this child to participate. If the

guardian answers “No,” stop completing this form; this participant is ineligible. If the guardian has already given his/her consent for this child to participate in the study prior to completing the eligibility form, mark the “Has signed consent” box and continue with the form. If the guardian answers “Don’t know,” continue completing the form and follow-up at a later date for a definitive answer. This participant’s eligibility is “PENDING.”

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

Record the date of birth in the appropriate boxes. For some clinics, this information is considered an identifier and thus cannot be collected. In this case, the interviewer marks the “Can not collect” box, but must answer Question 11. If clinics are able to collect a portion of the date of birth, the year is recorded in the appropriate boxes.

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

The guardian responds by providing the current age of the child at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the child’s current age. The child’s age is recorded in years. If the child is less than 12 months old, mark the “Less than 12 months” box and continue completing this form. This participant’s eligibility is “PENDING.” However, the child’s family is re-contacted after the child has had his/her first birthday.

12. What is this child’s gender?

The participant responds by providing the child’s gender.

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

The guardian answers “Yes” if he/she considers this child to be either Latino, Hispanic or of Spanish origin. For some clinics, this question is not asked (e.g., Asia-Pacific). In this case, the interviewer marks “Not applicable” and continues with the form. **“Not applicable” is only marked when this question is not read to the**

participant. Regardless of the answer to this question, the guardian must answer Question 13b.

**13b. Which of the following best describes this child’s race (or ethnic origin)?
HAND GUARDIAN CUE CARD AND RECORD RESPONSES.**

This question can be read differently depending on the clinic; either the word “race” or “ethnic origin” may be used due to cultural sensitivity. The interviewer hands (or reads) the guardian the cue card containing a list of races (or ethnic origins) to choose from. The guardian chooses up to three responses that best describe this child’s race (or ethnic origin). If the guardian does not feel that any race (or ethnic origin) describes this child’s race (or ethnic origin), the entire list found in **Chapter V, Interviewing Instructions**, Appendix L, should be shown to the guardian and choices should be made from this list. Record the appropriate code(s) in the boxes. At least one set of boxes must be completed. If a guardian chooses more than one category, the interviewer asks which race (or ethnic origin) the child most identifies with and records that choice in the first set of boxes with the word “Primary” beside it.

**14. In what region does this child live, or to what tribe does this child belong?
In what region do you live, or to what tribe do you belong? IN INDIA OR
CAMEROON, HAND PARTICIPANT CUE CARD AND RECORD RESPONSE.**

In India or Cameroon, the participant chooses one region or tribe. The interviewer hands (or reads) the participant the cue card containing a list of regions or tribes to choose from. If a participant chooses more than one region or tribe, the interviewer asks which region or tribe he/she most identifies with and records that choice. Record the appropriate code(s) in the boxes. In North America and Thailand, the region or tribe is not applicable; the interviewer marks “Not Applicable.”

**15. Has this child participated in any of the following regional, national or
international studies? READ/SHOW GUARDIAN CUE CARD.**

The interviewer hands (or reads) the guardian the cue card listing previous and ongoing studies. The guardian responds “Yes” if this child has participated in any of the

studies on the cue card. If the guardian answers “Yes,” the interviewer continues with Question 15a. If the guardian answers “No” or “Don’t know,” skip to Question 16.

15a. In which studies has this child participated? RECORD MAXIMUM OF FIVE STUDY CODES.

The guardian responds by providing the study names in which this child has participated. The interviewer records up to five study codes that correspond with the study(ies) in which the child has participated.

Questions 16-18 are directed toward clinic staff and are completed as the activity occurs (i.e., after interviewing and after editing).

INTERVIEWER COMPLETED

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

The interviewer reviews the questions to ensure this child meets eligibility requirements. The interviewer marks “Yes” if this child meets all eligibility requirements, and continues completing the form. The interviewer marks “No” if at one point during the interview he/she came to a “STOP-INELIGIBLE” statement, and continues completing the form. The interviewer marks “PENDING” if one or more questions regarding the case were marked as “Don’t know.” If “PENDING” is marked, the interviewer re-contacts the appropriate individuals within 10 days in order to determine eligibility.

17. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after completion of the *T1DGC Control Eligibility Form*.

18. ID of person editing

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

APPENDIX J
APPLICATION TO ELIGIBILITY COMMITTEE:
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and to provide answers to any questions from a participant or clinic staff member.

This form is completed by the interviewer about an affected sibling who does not have type 1 diabetes as defined by the study protocol: diagnosis before the age of 35 years and insulin use within the first 6 months of diagnosis without stopping for 6 months or more.

Many responses on this form are transferred directly from responses on the *T1DGC Eligibility Form*. The interviewer copies information exactly as it is recorded on the *T1DGC Eligibility Form*.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a "0" is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950). All single digit numerical responses are recorded with a leading "0" (e.g., if participant is 5 years old, record "05").

Question by Question Instructions

The interviewer affixes the Family ID Label in the box shown in the upper right hand corner. A label is affixed on every page.

The interviewer records the participant identifier for the proband or affected sibling. For the **proband**, this number is "03." For the **affected sibling**, this number is "04." For the first **additional** affected sibling, this number is "07." For the second

additional affected sibling, this number is “08.” For the third **additional** affected sibling, this number is “09.”

The interviewer records the clinic ID for his/her individual clinic. This number is assigned by the Regional Network Center and it is recorded on every page.

The interviewer records the secondary ID for the proband or affected sibling. The secondary ID is “AS1” for the proband, “AS2” for the affected sibling, “AS3” for the first additional affected sibling, “AS4” for the second additional affected sibling, and “AS5” for the third additional affected sibling, the secondary ID is “AS5.” The secondary ID is recorded on every page.

1. Date completed

This is the date the interviewer completed this form. Record the date in the appropriate boxes.

2. Is this application for the proband or the affected sibling?

The interviewer marks whether the application is for the proband or an affected sibling. The proband is the first child diagnosed with diabetes in a family.

3. At what age was the participant diagnosed with type 1 diabetes?

The interviewer records the participant’s age at diagnosis in the appropriate boxes.

4. Did the participant use insulin within six months of being diagnosed?

The interviewer marks the appropriate box. If the participant did not use insulin within six months of being diagnosed, the interviewer provides additional information; if the participant did use insulin within six months of being diagnosed, the interviewer skips to Question 5.

If no, please provide additional information or explanation:

The interviewer records any additional information or an explanation as to why the participant did not use insulin within six months of being diagnosed. If there is no additional information, the interviewer records "None."

5. Once the participant started using insulin, did he/she ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?

The interviewer marks the appropriate box. If the participant stopped using insulin for a period of six months or more for reasons other than a pancreas transplant, the interviewer provides additional information; if the participant has not stopped using insulin for six months or more or has not been diagnosed for six months, the interviewer skips to Question 6.

If yes, please provide additional information or explanation:

The interviewer records any additional information or an explanation as to why the participant stopped using insulin for six months or more. If there is no additional information, the interviewer records "None."

6. What is the participant's current age?

The interviewer records the participant's current age in the appropriate boxes.

7. Which of the following best describes the participant's race (or ethnic origin)? RECORD UP TO THREE RACE/ETHNICITY CODES FROM CUE CARD.

The interviewer records up to three responses that best describe the participant's race (or ethnic origin). Record the appropriate code(s) in the boxes. At least one set of boxes must be completed. If the participant fits into more than one category, the interviewer should record the race (or ethnic origin) the participant most identifies with in the first set of boxes with the word "Primary" beside it.

8. How many full brothers/sisters does the participant have that have been diagnosed with type 1 diabetes? Full brothers and sisters are those that have the same biological mother and same biological father.

The interviewer records the number of biological siblings the participant has who have been diagnosed with type 1 diabetes. Both living and deceased brothers and sisters are included. Stepsiblings, adopted siblings and half siblings are not included.

8a. How many of them meet the T1DGC definition of type 1 diabetes? That is, diagnosis before 35 years old, insulin use within 6 months of diagnosis without stopping for 6 months or more.

The interviewer records the number of biological siblings who have been diagnosed with type 1 diabetes as defined by the T1DGC.

9. Are there any laboratory data that might suggest the participant has type 1 diabetes? If so, please include below. Include information such as autoantibodies and/or c-peptide.

The interviewer records any laboratory data that helps to confirm a type 1 diabetes diagnosis. This data can be obtained from various sources including physicians, hospital records, or other study data. Laboratory documentation can be attached to the application, if available. If there is no laboratory data, the interviewer records "None."

10. Do any other family members have type 1 diabetes or another autoimmune disease (e.g., multiple sclerosis, thyroid disease, rheumatoid arthritis, etc.)? Include parents, grandparents, half-siblings, aunts and uncles.

The interviewer records any family member(s) who have been diagnosed with type 1 diabetes or another autoimmune disease. Please record both the family member's relationship to the participant (e.g., father, brother) and the disease(s) this person has been diagnosed with. If there are no other family members with type 1 diabetes or other autoimmune diseases, the interviewer records "None."

11. What symptoms occurred around the time of diagnosis that are indicative of type 1 diabetes (for example, diabetic ketoacidosis or other presenting symptoms)?

The interviewer records symptoms indicative of type 1 diabetes that the participant displayed at the time of diagnosis. If there were no symptoms indicative of type 1 diabetes, the interviewer records "None."

12. What is the participant's estimated weight loss at time of diagnosis?

The interviewer records the participant's estimated weight loss at the time of diagnosis in the appropriate boxes. The interviewer marks whether the weight is measured in pounds **or** kilograms.

13. What is the participant's estimated BMI or weight at time of diagnosis?

The interviewer records the participant's body mass index (BMI) **or** the participant's weight in the appropriate boxes. If the participant's weight is recorded, the interviewer marks whether the weight is measured in pounds **or** kilograms.

14. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after the completion of the *T1DGC Application to Eligibility Committee*.

15. ID of person editing this form

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

16. Date FAXed to Regional Network Center

The interviewer records the date this form is FAXed to the Regional Network Center in the appropriate boxes.

COMPLETED BY REGIONAL NETWORK CENTER

17. Date FAXed to Coordinating Center

A staff member at the Regional Network Center reviews the form and records the date the form is FAXed to the Coordinating Center in the appropriate boxes.

COMPLETED BY COORDINATING CENTER

18. Date FAXed to Eligibility Committee Members

A staff member at the Coordinating Center reviews the form and records the date the form is FAXed to all members of the Eligibility Committee in the appropriate boxes.

19. Eligibility Committee decision

A staff member at the Coordinating Center marks “Approved” if a majority of Eligibility Committee members agree that this participant is eligible for participation in the T1DGC and skips to Question 21. The staff member at the Coordinating Center marks “Ineligible” if a majority of Eligibility Committee members agree that this participant this participant does not meet the criteria for inclusion in the T1DGC and skips to Question 21. If the Eligibility Committee members are undecided and need more information to make a decision, the staff member at the Coordinating Center marks “Need more information” and continues to Question 20.

20. Additional information requested by Eligibility Committee

A staff member at the Coordinating Center summarizes the additional information requested by the Eligibility Committee prior to a decision being made.

21. Date decision FAXed to Regional Network Center

A staff member at the Coordinating Center records the date the completed form is FAXed to the Regional Network Center in the appropriate boxes.

COMPLETED BY REGIONAL NETWORK CENTER

22. Date decision FAXed to Clinic

A staff member at the Regional Network Center records the date the completed form is FAXed to the clinic in the appropriate boxes.

APPENDIX K
APPLICATION TO ELIGIBILITY COMMITTEE FOR CASES:
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and to provide answers to any questions from a participant or clinic staff member.

This form is completed by the interviewer about a case participant who does not have type 1 diabetes as defined by the study protocol: diagnosis before the age of 35 years and insulin use within the first six months of diagnosis without stopping for six months or more.

Many responses on this form are transferred directly from responses on the *T1DGC Eligibility Form*. The interviewer copies information exactly as it is recorded on the *T1DGC Eligibility Form*.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a "0" is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950). All single digit numerical responses are recorded with a leading "0" (e.g., if participant is 5 years old, record "05").

Question by Question Instructions

The interviewer affixes the Case ID Label in the box shown in the upper right hand corner. A label is affixed on every page.

The interviewer records the clinic ID for his/her individual clinic. This number is assigned by the Regional Network Center and it is recorded on every page.

The secondary identifier for the case (CAS) is included on each page of the form.

1. Date completed

This is the date the interviewer completed this form. Record the date in the appropriate boxes.

2. At what age was the participant diagnosed with type 1 diabetes?

The interviewer records the participant's age at diagnosis in the appropriate boxes.

3. Did the participant use insulin within six months of being diagnosed?

The interviewer marks the appropriate box. If the participant did not use insulin within six months of being diagnosed, the interviewer provides additional information; if the participant did use insulin within six months of being diagnosed, the interviewer skips to Question 4.

If no, please provide additional information or explanation:

The interviewer records any additional information or an explanation as to why the participant did not use insulin within six months of being diagnosed. If there is no additional information, the interviewer records "None."

4. Once the participant started using insulin, did he/she ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?

The interviewer marks the appropriate box. If the participant stopped using insulin for a period of six months or more for reasons other than a pancreas transplant, the interviewer provides additional information; if the participant has not stopped using insulin for six months or more or has not been diagnosed for six months, the interviewer skips to Question 5.

If yes, please provide additional information or explanation:

The interviewer records any additional information or an explanation as to why the participant stopped using insulin for six months or more. If there is no additional information, the interviewer records "None."

5. What is the participant's current age?

The interviewer records the participant's current age in the appropriate boxes.

6. Which of the following best describes the participant's race (or ethnic origin)? RECORD UP TO THREE RACE/ETHNICITY CODES FROM CUE CARD.

The interviewer records up to three responses that best describe the participant's race (or ethnic origin). Record the appropriate code(s) in the boxes. At least one set of boxes must be completed. If the participant fits into more than one category, the interviewer should record the race (or ethnic origin) the participant most identifies with in the first set of boxes with the word "Primary" beside it. NOTE: In the Asia-Pacific Network only participants from India and Thailand are eligible to be a case participant. In the European Network, only participants from Cameroon are eligible to be a case. In the North American Network only non-Caucasian of African descent living in North America; Mexican American; and those from Central America, Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, or Panama can be case participants. Refer to **Chapter V, Interviewing Instructions**, for the complete list of codes. .

7. How many full brothers/sisters does the participant have that have been diagnosed with type 1 diabetes? Full brothers and sisters are those that have the same biological mother and same biological father.

The interviewer records the number of biological siblings the participant has who have been diagnosed with type 1 diabetes. Both living and deceased brothers and sisters are included. Stepsiblings, adopted siblings and half siblings are not included.

7a. How many of them meet the T1DGC definition of type 1 diabetes? That is, diagnosis before 35 years old, insulin use within six months of diagnosis without stopping for six months or more.

The interviewer records the number of biological siblings who have been diagnosed with type 1 diabetes as defined by the T1DGC.

8. Are there any laboratory data that might suggest the participant has type 1 diabetes? If so, please include below. Include information such as autoantibodies and/or c-peptide. (Include reference ranges/values.)

The interviewer records any laboratory data that helps to confirm a type 1 diabetes diagnosis. Data can be obtained from various sources including physicians, hospital records, or other study data. Laboratory documentation can be attached to the application, if available. If at all possible, reference ranges/values used by the laboratory should be included. If there are no laboratory data, the interviewer records "None."

9. Do any other family members have type 1 diabetes or another autoimmune disease (e.g., multiple sclerosis, thyroid disease, rheumatoid arthritis, etc.)? Include parents, grandparents, half-siblings, aunts and uncles.

The interviewer records any family member(s) who have been diagnosed with type 1 diabetes or another autoimmune disease. Please record both the family member's relationship to the participant (e.g., father, brother) and the disease(s) this person has been diagnosed with. If there are no other family members with type 1 diabetes or other autoimmune diseases, the interviewer records "None."

10. What symptoms occurred around the time of diagnosis that are indicative of type 1 diabetes (for example, diabetic ketoacidosis or other presenting symptoms)?

The interviewer records symptoms indicative of type 1 diabetes that the participant displayed at the time of diagnosis. If there were no symptoms indicative of type 1 diabetes, the interviewer records "None."

11. What is the participant's estimated weight loss at time of diagnosis?

The interviewer records the participant's estimated weight loss at the time of diagnosis in the appropriate boxes. The interviewer marks whether the weight is measured in pounds **or** kilograms.

12. What is the participant's estimated BMI or weight at time of diagnosis?

The interviewer records the participant's body mass index (BMI) **or** the participant's weight in the appropriate boxes. If the participant's weight is recorded, the interviewer marks whether the weight is measured in pounds **or** kilograms.

13. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after the completion of the *T1DGC Application to Eligibility Committee*.

14. ID of person editing this form

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

15. Date FAXed to Regional Network Center

The interviewer records the date this form is FAXed to the Regional Network Center in the appropriate boxes.

COMPLETED BY REGIONAL NETWORK CENTER

16. Date FAXed to Coordinating Center

A staff member at the Regional Network Center reviews the form and records the date the form is FAXed to the Coordinating Center in the appropriate boxes.

COMPLETED BY COORDINATING CENTER

17. Date FAXed to Eligibility Committee Members

A staff member at the Coordinating Center reviews the form and records the date the form is FAXed to all members of the Eligibility Committee in the appropriate boxes.

18. Eligibility Committee decision

A staff member at the Coordinating Center marks “Approved” if a majority of Eligibility Committee members agree that this participant is eligible for participation in the T1DGC and skips to Question 20. The staff member at the Coordinating Center marks “Ineligible” if a majority of Eligibility Committee members agree that this participant does not meet the criteria for inclusion in the T1DGC and skips to Question 20. If the Eligibility Committee members are undecided and need more information to make a decision, the staff member at the Coordinating Center marks “Need more information” and continues to Question 19.

19. Additional information requested by Eligibility Committee

A staff member at the Coordinating Center summarizes the additional information requested by the Eligibility Committee prior to a decision being made.

20. Date decision FAXed to Regional Network Center

A staff member at the Coordinating Center records the date the completed form is FAXed to the Regional Network Center in the appropriate boxes.

COMPLETED BY REGIONAL NETWORK CENTER

21. Date decision FAXed to Clinic

A staff member at the Regional Network Center records the date the completed form is FAXed to the clinic in the appropriate boxes.

APPENDIX L
ELIGIBILITY COMMITTEE ADJUDICATION FORM:
QUESTION BY QUESTION INSTRUCTIONS

This form is completed by a member of the Eligibility Committee after review of a *T1DGC Application to Eligibility Committee* for a proband, affected sibling, or case. All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a "0" is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950).

Question by Question Instructions

A staff member at the Coordinating Center records the Participant ID and the participant's Secondary ID in the boxes shown in the upper right hand corner.

COMPLETED BY COORDINATING CENTER

1. Date form received at Coordinating Center

A staff member at the Coordinating Center records the date the *T1DGC Application to Eligibility Committee* is received at the Coordinating Center.

2. Date FAXed to Eligibility Committee members

A staff member at the Coordinating Center records the date the completed *T1DGC Application to Eligibility Committee* and the blank *T1DGC Eligibility Committee Adjudication Form* are FAXed to the members of the Eligibility Committee members.

COMPLETED BY ELIGIBILITY COMMITTEE MEMBER

COMPLETE THIS FORM AND FAX TO COORDINATING CENTER (ATTENTION: ELIZABETH SIDES) AT 336-716-5425.

3. Date form reviewed

The Eligibility Committee member records the date the *T1DGC Application to Eligibility Committee* is reviewed.

4. Member decision

The Eligibility Committee member marks their decision regarding inclusion of the participant in the T1DGC. The member marks “Approve” if he/she has no other questions and believes this participant has type 1 diabetes and can be included in the T1DGC. The member marks “Ineligible” if he/she does not think this participant has type 1 diabetes and should not be included in the T1DGC. If the member marks “Approve” or “Ineligible,” the member skips to Question 6. The member marks “Need more information” if he/she is unable to make a decision about the participation of the individual without further information.

5. What other information do you feel is necessary to have prior to making a final decision about the potential participant?

The Eligibility Committee member records any information he/she must have prior to making a decision regarding the individual’s eligibility.

6. Reviewer name

The Eligibility Committee member writes his/her name on the line provided.

COMPLETED BY COORDINATING CENTER

7. Date completed form received at Coordinating Center

A staff member at the Coordinating Center records the date the *T1DGC Eligibility Committee Adjudication Form* is received at the Coordinating Center.

APPENDIX M
ASP APPLICATION FOR ADDITIONAL AFFECTED SIBLING:
QUESTION BY QUESTION INSTRUCTIONS

These instructions are meant to assist the interviewer and to provide answers to any questions from a participant or clinic staff member.

This form is administered to the proband (the first child diagnosed with diabetes in the family) or the guardian (*i.e.*, biological mother, biological father or other legal guardian) of the affected sibling. Only one person answers the questions, however more than one can be present at the interview. The interviewer reads the questions to the participant and marks or records appropriate answers.

Information in all capital letters is an instruction to the interviewer and is not read to the participant.

If at any point during the screening process, the interviewer marks a shaded box, the prospective affected sibling is deemed ineligible. The family may still be eligible.

For eligible participants, please complete all parts of the form. Note that certain individual items may be marked "Don't know" and with an asterisk. In these cases, continue completing the form and contact the appropriate individuals within 10 days in order to collect information not known at the time of the initial screening. The participant may need to contact his/her physician or other family members in order to obtain information. All "PENDING" responses refer to eligibility criteria and must be resolved before the form is forwarded to the Regional Network Center. Items without a "PENDING" status should be followed-up, but forms should be forwarded to the Regional Network Center when it has become apparent that this information will not be found. The family may still be eligible, and the clinic should continue collecting data and blood samples on eligible members of the family. There may also be situations in which a participant diagnosed with type 1 diabetes does not meet the Type 1 Diabetes

Genetics Consortium (T1DGC) criteria for type 1 diabetes. In this case the interviewer completes a *T1DGC Application to Eligibility Committee*.

All dates are written as day first, month second, and year third. The day is recorded numerically. If the day is a single-digit number, a “0” is recorded in the first box. The month is written out in its entirety (e.g., January, February). The year is recorded numerically, with all four digits of the year included (e.g., 1950). All single digit numerical responses are recorded with a leading “0” (e.g., if participant is 5 years old, record “05”).

Question by Question Instructions

The interviewer does not affix the Family ID Label until it has been determined that this participant is eligible or his/her eligibility status is “PENDING.” Once eligibility has been determined, the interviewer affixes the Family ID Label in the box shown in the upper right hand corner. A label is affixed on every page.

The interviewer records the participant identifier for the additional affected sibling. For the first **additional** affected sibling, this number is “07.” For the second **additional** affected sibling, this number is “08.” For the third **additional** affected sibling, this number is “09.” These boxes are recorded on every page.

The interviewer records the clinic ID for his/her individual clinic. This number is assigned by the Regional Network Center and it is recorded on every page.

The interviewer records the secondary ID for the additional affected sibling. The secondary ID is “AS3” for the first **additional** affected sibling, “AS4” for the second **additional** affected sibling, and “AS5” for the third **additional** affected sibling.

1. Interview date

This is the date the interview takes place. Record the date of the interview in the appropriate boxes. For some clinics, the information on the form is abstracted from

other sources and transferred onto this form. In this case, the interviewer records the date the information is abstracted and the form is completed.

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

The interviewer marks all sources from which information is gathered about the participant. If information is obtained by calling a participant before he/she comes into the clinic, mark "Phone interview." If the participant comes into the clinic and is interviewed in person, the interviewer marks "Face-to-face interview." If information is abstracted from other sources (e.g., other forms, pulling medical records), the interviewer marks "From existing records." The interviewer marks all applicable answers.

3. Who is completing this form? IF GUARDIAN COMPLETING FORM, READ ITALICIZED TEXT. ONLY ONE GUARDIAN IS INTERVIEWED.

The interviewer determines the relationship the participant has with the affected sibling. The interviewer may ask the participant his/her relationship to the sibling, if it is not already known. The interviewer marks "Proband" if the person completing the interview is the sibling of the affected sibling. The interviewer marks "Biological Father" if the man completing the interview believes himself to be the biological father of both the proband and the affected sibling. The interviewer marks "Biological Mother" if the woman completing the interview gave birth to both the proband and the affected sibling. The interviewer marks "Other Guardian" if the person completing this form is neither biological parent of the proband and the affected sibling. The interviewer should be aware of the relationship the participant has to the sibling while administering this questionnaire. If the form is administered to the guardian, the italicized text in parentheses is read. Versions of questions may differ based upon the relationship to the affected sibling.

ONLY ONE INDIVIDUAL OF AN IDENTICAL TWIN PAIR MAY PARTICIPATE AS AN AFFECTED SIBLING.

4. Do you (*Does this child*) have another living full brother or sister who is not an identical twin who has been diagnosed with type 1 diabetes? Full brothers and sisters are those that have the same biological mother and same biological father.

The participant answer “Yes” if he/she, or the proband, has another full brother or sister with type 1 diabetes, insulin dependent diabetes, youth onset diabetes, or juvenile onset diabetes. This affected sibling cannot be the proband’s, or another affected sibling’s, identical twin, however a fraternal twin is eligible to participate. If the participant is unsure if the twins are fraternal or identical, both should participate. If the participant answers “No” or “Don’t know,” stop completing this form; this participant is ineligible.

5. At what age was this brother/sister (*child*) diagnosed with type 1 diabetes?

The participant gives the age the affected sibling was diagnosed with type 1 diabetes. If he/she cannot recall the sibling’s age, an attempt is made to guess, or tell the interviewer in what year the sibling was diagnosed. The age of diagnosis is calculated from the year of diagnosis. If the age of diagnosis is 35 years or older, stop completing this form; this participant is ineligible. If the participant has no recollection of the sibling’s age at diagnosis or the year of diagnosis, mark the “Don’t know” box and continue with the form. This participant’s eligibility is “PENDING.” The sibling’s age is recorded in years. If the child was less than 1 year old, record “00.”

6. Did this brother/sister (*child*) use insulin within six months of being diagnosed?

The participant answers “Yes” if insulin was used at any point during the first six months after the affected sibling was diagnosed with type 1 diabetes. This excludes nasal or inhaled insulin. If the participant answers “Yes,” skip to Question 7. If the participant answers “No,” the interviewer continues to Question 6a. If the participant does not know this information, mark the “Don’t know” box and continue completing the form. This participant’s eligibility is “PENDING.”

6a. Is there any other information to suggest that this brother/sister (*child*) has type 1 (insulin dependent) diabetes?

If the participant answers “Yes,” the interviewer applies to the Eligibility Committee who reviews the information submitted on possible affected participants (e.g., the participant was diagnosed early in the natural history via autoantibodies and/or OGTT and thus is not on insulin). The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. This participant’s eligibility is “PENDING.” If the participant answers “No,” stop completing this form; this participant is ineligible.

7. Once this brother/sister (*child*) started using insulin, did he/she ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?

The participant answers “Yes” if the affected sibling’s insulin use was started but discontinued for six months or longer. More than one interruption is permitted as long as each is within the allotted time frame. If the affected sibling has had a pancreas transplant and has stopped using insulin for more than six months because of the transplant, they are not excluded from participating in the T1DGC. If the participant answers “Yes,” stop completing this form; this participant is ineligible. The participant answers “No” if insulin use was never disrupted after starting on insulin, or if any insulin was stopped for periods within 6 months. If the participant has not been diagnosed for six months, the “Not applicable” box is marked. However, this does not make this participant ineligible, continue with the form. If the participant answers “Don’t know,” continue with the form; this participant’s eligibility is “PENDING.”

8. What is this brother/sister’s (*child’s*) date of birth?

Record the date of birth in the appropriate boxes. For some clinics, this information is considered an identifier and thus cannot be collected. In this case, the interviewer marks the “Can not collect” box, but must answer Question 9. If clinics are able to collect a portion of the date of birth, the year is recorded in the appropriate

boxes. If the participant doesn't know this information, mark the "Don't know" box and continue with the form.

9. What is this brother/sister's (*child's*) current age? CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.

The participant responds by providing the current age of the affected sibling at the time of the interview. If the information is abstracted from other sources and transferred onto this form, the interviewer determines the affected sibling's current age. The affected sibling's age is recorded in years. If the sibling is less than 12 months old, mark the "Less than 12 months" box and continue completing the form. This participant's eligibility is "PENDING." The participant's family can be re-contacted after the sibling has had his/her first birthday. However, the clinic continues collecting data and laboratory samples on members of the family over 12 months old. The family's status is **not** "PENDING." If the participant does not know the sibling's current age mark the "Don't know" box and continue with the form.

10. Does this brother/sister (*child*) have a specific genetic disorder or disease that caused his/her diabetes? This would include maturity onset diabetes of youth (MODY). IF YES OR DON'T KNOW, READ/SHOW PARTICIPANT CUE CARD.

The participant answers "Yes" if the affected sibling has been diagnosed with another genetic disease that is known to be associated with non-classical insulin dependent diabetes. If the participant answers "Yes" or "Don't know," show or read the participant the cue card listing the genetic disorders and diseases that exclude a person from participating in the T1DGC. If the participant answers "Yes," stop completing this form; this participant is ineligible. If the participant answers "No," continue completing the form. If the participant still does not know, mark the "Don't know" box and continue completing the form. This participant's eligibility is "PENDING."

Questions 11-16 are directed toward clinic staff and are completed as the activity occurs (i.e., after interviewing, after editing, and after receiving the *T1DGC Application to Eligibility Committee*).

INTERVIEWER COMPLETED

11. Is this affected sibling eligible to participate in this study?

The interviewer reviews the questions to ensure this participant meets eligibility requirements. The interviewer marks “Yes” if this participant meets all eligibility requirements, and skips to Question 13. The interviewer marks “No” if at one point during the interview he/she came to a “STOP-INELIGIBLE” statement, and skips to Question 13. The interviewer marks “PENDING” if one or more questions about the affected sibling were marked as “Don’t know” or the interviewer is in the process of applying to the Eligibility Committee. If “PENDING” is marked, the interviewer re-contacts the appropriate individuals within 10 days in order to determine eligibility or waits until a decision is made by the Eligibility Committee.

12. Is an application to the Eligibility Committee required?

The interviewer marks “Yes” if the affected sibling appears to have type 1 diabetes, but does not meet the T1DGC definition of diabetes. The interviewer completes the *T1DGC Application to Eligibility Committee* and sends it to the Regional Network Center. The interviewer continues completing the form. If the interviewer does not need to apply to the Eligibility Committee, the interviewer marks “No” and continues completing the form.

13. Interviewer ID

The interviewer records his/her five-digit assigned code in the appropriate boxes after completion of the *T1DGC ASP Application for Additional Affected Sibling*.

14. ID of person editing this form

This is not completed until a clinic staff member reviews the form to ensure completion and accuracy. The person editing and reviewing the form records his/her five-digit assigned code in the appropriate boxes.

COMPLETED ONLY IF APPLICATION TO ELIGIBILITY COMMITTEE REQUIRED.

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

The interviewer completes this section **only** if a *T1DGC Application to Eligibility Committee* was sent to and a decision was made by the Eligibility Committee. The interviewer marks “Yes” if the Eligibility Committee decided the participant is eligible to participate, or marks “No” if the Eligibility Committee decided this participant is ineligible to participate in the T1DGC.

16. Date Eligibility Committee decision received by clinic:

The interviewer records the date the application is returned to the clinic with a decision regarding the eligibility of the affected sibling. Once information is received regarding the eligibility status of the affected sibling, the clinic corrects Question 11 regarding eligibility status.