



**Natural History Study of the Development of T1D  
SCREENING FORM (NH01)**  
*Please allow 4-6 weeks for notification of results.*

Version: June 1, 2004

Participants or parents/guardians should complete ONLY sections A and B of this form.

**A. Participant Eligibility\***

1. Date Screened

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

1<sup>st</sup> Degree

- mother
- father
- sister
- brother
- daughter
- son

2<sup>nd</sup> or 3<sup>rd</sup> Degree

- aunt
- uncle
- cousin
- grandmother
- grandfather
- niece
- nephew

2. Age (must be 1 to 45 years of age) *SOLAGE*

\_\_\_\_ yrs

3. Do you have a relative with Type 1 Diabetes?

*(Relative must have been diagnosed before 40 years of age and must have started insulin within 1 year of diagnosis)*

Yes  No

4. What Degree of Relative? (see key to right)

1st  2nd or 3rd

5. Do you have diabetes?

Yes  No

\*Certain medical conditions and medications determined later may disqualify you/your child from further participation in this study.

**B. Participant Information**

1. Name

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_  
Last First Middle Initial

2. Address

a. \_\_\_\_\_  
Street Address  
b. \_\_\_\_\_ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_  
City State/Province Zip/Postal Code Country

3. Phone Number

a. (\_\_\_\_) \_\_\_\_\_ Preferred Number b. (\_\_\_\_) \_\_\_\_\_ Alternate Number

4. Email Address (optional)

\_\_\_\_\_

5. Social Security Number (optional)

-  -

6. Date of Birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

7. Sex

1 M  2 F

8. Ethnicity:

1 Hispanic or Latino  2 Not Hispanic or Latino  3 Unknown

9. Race (check all that apply):

- a.  1 American Indian/Alaskan Native    b.  1 Asian    c.  1 Black/African American    d.  1 Native Hawaiian/Pacific Islander    e.  1 White  
f.  1 Unknown/Not Reported    g.  1 Refused

If participant is under 18 years old, PRINT the name of a parent or legal guardian and indicate relationship to participant

10. Name

\_\_\_\_\_

11. Relationship

1 Mother  2 Father  3 Guardian

12. How did you first hear about TrialNet? (check one)

- 1 Existing TrialNet Site     4 Family/Friend     7 Brochure     10 Health Care Professional  
 2 Toll Free Phone Number     5 Newspaper/Magazine     8 Poster     11 Camp  
 3 Meeting/Presentation     6 Radio/TV     9 Internet     99 Other \_\_\_\_\_

1. Regional Clinical Center Number:

\_\_\_\_\_

2. Screening Site Number:

\_\_\_\_\_ (Regional Clinical Centers: Same as above)

3. Screening Site Name:

\_\_\_\_\_

4. Did participant give permission for remaining blood samples to be stored for future testing as described in the informed consent form?

Y N

5. Date informed consent signed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

6. Did participant give permission on the informed consent form to be a control if they test autoantibody negative?

*(Affiliate centers should not answer this question)*

Y N

|   |
|---|
| <p><b>Autoantibody Specimens Collected:</b></p> <p>Barcode: <u>  TN  </u></p> <p>Barcode: <u>  TN  </u></p> <p>Collection Date: _____</p> |
|---|

Interviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_