

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

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Family ID

famid

Clinic ID





e2center

**COMPLETE THIS FORM IF GUARDIAN'S CONSENT REQUIRED FOR PROBAND.**

1.	Interview date	<input type="text"/> <input type="text"/> Day	-	<input style="width: 100%;" type="text"/> Month	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	
d_elig							
2.	How was this form completed? MARK ALL THAT APPLY.						
				Phone interview	<input type="checkbox"/> 1		rc_phone
				Face-to-face interview	<input type="checkbox"/> 1		rc_face
				From existing records	<input type="checkbox"/> 1		rc_record
3.	Who is completing this form? ONLY ONE GUARDIAN IS INTERVIEWED.			Biological Father	<input type="checkbox"/> 1		sourcee
				Biological Mother	<input type="checkbox"/> 2		
				Other Guardian	<input type="checkbox"/> 3		
4.	Have you or any of your immediate family members previously participated in any of the following genetic studies? READ/SHOW PARTICIPANT CUE CARD.			(STOP-INELIGIBLE) Yes	<input type="checkbox"/> 1		gstudy
				No	<input type="checkbox"/> 2		
				(PENDING) *Don't know	<input type="checkbox"/> 9		
5.	Do you have a child who has been diagnosed with Type 1 diabetes?			Yes	<input type="checkbox"/> 1		t1as
				(STOP-INELIGIBLE) No	<input type="checkbox"/> 2		
6.	How old was this child when he/she was diagnosed with Type 1 diabetes? (If age of diagnosis 35 years or older, STOP-INELIGIBLE.)					<input type="text"/> <input type="text"/> Years	onset

\*Continue with form for all responses marked with an asterisk. Clinic staff to follow-up with appropriate individuals within 10 days in order to collect information not known at time of interview. Participants may need to contact physicians or other family members to obtain information. All "PENDING" responses refer to eligibility criteria and must be resolved before form is forwarded to the Regional Network Center.

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7.	Did this child use insulin within 6 months of being diagnosed?  (SKIP TO QUESTION 8.) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	insulin
a.	Is there any other information to suggest that this child has Type 1 (insulin dependent) diabetes?  (APPLY TO ELIGIBILITY COMMITTEE. - PENDING) *Yes <input type="checkbox"/> 1 (STOP - INELIGIBLE) No <input type="checkbox"/> 2	qtype1
8.	Once this child started using insulin, did he/she ever stop using insulin for a period of 6 months or more for reasons other than a pancreas transplant?  (STOP-INELIGIBLE) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (Diagnosis < 6 months ago) Not applicable <input type="checkbox"/> 3	stoptx
9.	What is this child's date of birth? <div style="display: flex; align-items: center; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> </div> <div style="font-size: 24px;">-</div> <div style="border: 1px solid black; padding: 2px; flex-grow: 1;"> <input type="text"/> </div> <div style="font-size: 24px;">-</div> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Day</span> <span>Month</span> <span>Year</span> </div> Can not collect <input type="checkbox"/> 8	dbey d_birthe
10.	What is this child's current age? CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.  (PENDING) *Less than 12 months <input type="checkbox"/> 00	agee

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<p>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.</p>	<p>(STOP-INELIGIBLE) Yes <input checked="" type="checkbox"/> 1                  No <input type="checkbox"/> 2                  (PENDING) *Don't know <input type="checkbox"/> 9</p>	<p style="color: red;">modyoth</p>
<p>12. Are you willing to have this child participate in this study?                  READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.</p>	<p>Yes <input type="checkbox"/> 1                  (STOP-INELIGIBLE) No <input checked="" type="checkbox"/> 2                  Has signed consent <input type="checkbox"/> 3                  (PENDING) *Don't know <input type="checkbox"/> 9</p>	<p style="color: red;">willing</p>
<p><b>IF BIOLOGICAL FATHER COMPLETING FORM:</b>                  13a. Are you willing to participate in this study?</p>		
<p><b>IF BIOLOGICAL MOTHER OR OTHER GUARDIAN COMPLETING FORM:</b>                  13b. Is the biological father of these children living?</p>		
	<p>Yes <input type="checkbox"/> 1                  (STOP-INELIGIBLE) No <input checked="" type="checkbox"/> 2                  Has signed consent <input type="checkbox"/> 3                  (PENDING)* Don't know <input type="checkbox"/> 9</p>	<p style="color: red;">willing</p>
<p><b>IF BIOLOGICAL MOTHER COMPLETING FORM:</b>                  14a. Are you willing to participate in this study?</p>		
<p><b>IF BIOLOGICAL FATHER OR OTHER GUARDIAN COMPLETING FORM:</b>                  14b. Is the biological mother of these children living?</p>		
	<p>Yes <input type="checkbox"/> 1                  (STOP-INELIGIBLE) No <input checked="" type="checkbox"/> 2                  Has signed consent <input type="checkbox"/> 3                  (PENDING)* Don't know <input type="checkbox"/> 9</p>	<p style="color: red;">willing</p>

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**INTERVIEWER COMPLETED**

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

(SKIP TO QUESTION 17.) Yes  1  
(SKIP TO QUESTION 17.) No  2  
(ANY PENDING RESPONSES) Pending  3

elig

16. Is an application to the Eligibility Committee required?

Yes  1  
No  2

apply

17. Interviewer ID

code1i

18. ID of person editing this form

code1e

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

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

Yes  1  
No  2

ok

20. Date Eligibility Committee decision received by clinic

-  -   
Day Month Year

d\_dec

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