



**Max McGee National Research Center for Juvenile Diabetes  
FAMILY GENETICS STUDY  
SCREENING QUESTIONNAIRE**

Does someone in your family have **Type 1 (insulin-dependent) diabetes**? If so, your family is needed to help us learn more about the causes of Type 1 diabetes by participating in our research study. We are interested in families that include a child with diabetes, brothers, sisters, and parents. Adults with Type 1 diabetes, their children, spouses, and parents are needed to take part as well. Family members will be asked to provide blood samples for genetic study. The main purpose of our research is to find out the step-by-step mechanism for why someone develops Type 1 diabetes. We will apply genetics to try to answer this question, eventually leading, we hope, to more effective treatments, prevention measures, and perhaps a cure.

*You may contact the Study Coordinator if you have any questions about the study or completion of this questionnaire.*

**If your family is interested in participating, please complete this form and return (mail or fax) to:**

Joanna Kramer, Study Coordinator  
 Max McGee National Research Center for Juvenile Diabetes  
 Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, WI 53226  
**Phone: (414) 955-8486      Fax: (414) 955-6663**

*(Please print or type)*

<b>Section 1: Family Representative Information (You)</b>									
Last Name				First Name				MI	
Address				Apt. #		City/Town		State	Zip
Daytime Phone # (        )        --			Evening Phone # (        )        --			Best time to reach			
Email Address						Fax # (        )        --			
<b>Section 2: Proband* Information (Person with Type 1 Diabetes)</b>									
* A <b>proband</b> in genetics is the " <i>index case</i> " or " <i>affected person</i> " that brings a family under study. If <b>more than 1 person</b> in the family has type 1 diabetes, the <b>proband</b> is the <i>first</i> to be diagnosed.									
Last Name				First Name				MI	Race
Sex M / F	Age today	Date of Birth MM / DD / YYYY	Date of Diagnosis MM/DD/YYYY	Diabetes Medications __Injected Insulin __Oral Medication __Both __None			Date Insulin First Used MM/YYYY		
Daily Insulin Usage (Average total # units)									
Name of Diabetes Specialist Last Name                      First Name				Diabetes Specialist Location					
Name of Family Doctor Last Name                      First Name				Family Doctor Location					
Are you/your family presently taking part in any other health-related research study?    __Yes __No									
If "Yes", name study: _____									
Study sponsor: _____									
<b>For office use only:</b>									
Proband:      Adult / Child			Date Received MM / DD / YYYY			Eligible: Yes <input type="checkbox"/> No <input type="checkbox"/> Will participate? Yes <input type="checkbox"/> Refused <input type="checkbox"/>			

**Section 3: Family Profile for Diabetic Proband (Section 2)**

**Instructions:** Below, please list "immediate" family members of diabetic **proband** (named on Section 2, Page 1). Include only those family members who are **biologically** related to **proband**, making note of any "unique" relationships, such as "fraternal" or "identical twins". If additional space is needed, you may write on the back of this form.

			Sex (M/F)	Race	Alive (Y/N)	Date of Birth (MM/DD/YYYY)	Age Today	Diabetic Y – Yes N – No DK – Don't know	Type of Diabetes 1 – Type 1 2 – Type 2 3 – Gestational 4 – MODY 5 – Other type 6 – Unknown	Date Diagnosed (MM/YYYY)	Diabetes Medications 1 – Injected 2 – Oral 3 – Both 4 – Pump	Insulin First Used (MM/YYYY)
<b>Section 3.1: Parents (Biological parents only)</b>												
Father's Name						MM / DD / YYYY				MM / YYYY		MM / YYYY
Last	First	MI										
Mother's Name						MM / DD / YYYY				MM / YYYY		MM / YYYY
Last	First	MI										
<b>Section 3.2: Siblings (Full brothers and/or sisters in order from oldest to youngest. Must have both biological parents in common.)</b>												
1	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
2	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
3	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
4	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
5	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
6	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
7	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
8	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
<b>Section 3.3: Children of Adult Proband (In order from oldest to youngest)</b>												
1	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
2	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
3	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
4	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
5	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
6	Last Name	First name	MI			MM / DD / YYYY				MM / YYYY		MM / YYYY
<b>Section 3.4: Spouse of Adult Proband (Please make note or clarify below if spouse is not the biological mother/father of any of the above children)</b>												
Spouse's Name						MM / DD / YYYY				MM / YYYY		MM / YYYY
Last	First	MI										

### Section 4: Other Relatives Who Have Type 1 Diabetes

4.1 Please list any other relatives who have Type 1 Diabetes (such as grandparents, aunts, uncles, nephews, nieces, and cousins).

No	Name & Address (if local)	Relationship to Proband
1		
2		
3		
4		

4.2 May we please have permission to contact any of the listed relatives who do not live with you?  
 Yes (Please sign below.) Your signing here does not in any way obligate your relatives to participate.  
 No

Signature of Family Representative

Date

### Section 5: Pregnancy

5.1 Is anyone listed in Section 3 pregnant at the present time?  
 Yes (Please complete information below.)  
 No

Last Name

First Name

Expected Date of Delivery

### Section 6: Future Studies

The Medical College of Wisconsin and Children's Hospital of Wisconsin will in the future be conducting state-of-the-art studies about the causes and complications of diabetes. For these studies to be successful, we need family volunteers and controls in large numbers. We would appreciate it if you would consider participating in these future studies:

I give permission to researchers at the Medical College of Wisconsin and Children's Hospital of Wisconsin to contact me for participation in other diabetes-related studies. I understand that each study will be fully explained to me and I am under no obligation to participate. There will be no effect to my participation in the present Max McGee Center study.

Yes, please sign below

No

Signature

Date

The information you have provided will help us to decide if your family is eligible to take part in the study called, "**Genetics of Autoimmunity in Type 1 Diabetes Mellitus**". Thank you for your interest!  
You will be contacted by the Study Coordinator.