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)*

### Section 1: Family Representative Information (You)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Apt. #</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Daytime Phone #</th>
<th>Evening Phone #</th>
<th>Best time to reach</th>
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<table>
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<tr>
<th>Email Address</th>
<th>Fax #</th>
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### Section 2: Proband* Information (Person with Type 1 Diabetes)

* A **proband** in genetics is the "index case" or "affected person" that brings a family under study. If more than 1 person in the family has type 1 diabetes, the **proband** is the first to be diagnosed.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Race</th>
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<table>
<thead>
<tr>
<th>Sex</th>
<th>Age today</th>
<th>Date of Birth</th>
<th>Date of Diagnosis</th>
<th>Diabetes Medications</th>
<th>Date Insulin First Used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>Injectable Insulin</td>
<td>MM/YYYY</td>
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<td>Oral Medication</td>
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<td></td>
<td></td>
<td>Both</td>
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<td></td>
<td>None</td>
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<tr>
<th>Daily Insulin Usage (Average total # units)</th>
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<thead>
<tr>
<th>Name of Diabetes Specialist</th>
<th>Diabetes Specialist Location</th>
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<tr>
<td>Last Name</td>
<td>First Name</td>
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<table>
<thead>
<tr>
<th>Name of Family Doctor</th>
<th>Family Doctor Location</th>
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<td>Last Name</td>
<td>First Name</td>
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Are you/your family presently taking part in any other health-related research study?  ___Yes  ___No

If “Yes”, name study: ____________________________

Study sponsor: __________________________________

For office use only:

<table>
<thead>
<tr>
<th>Proband: Adult / Child</th>
<th>Date Received</th>
<th>Eligible: Yes ☐ No ☐</th>
<th>Will participate? Yes ☐ Refused ☐</th>
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<td>MM/DD/YYYY</td>
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</table>
## 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.

<table>
<thead>
<tr>
<th>Sex (M/F)</th>
<th>Race</th>
<th>Alive (Y/N)</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Age Today</th>
<th>Diabetic Y – Yes N – No DK – Don’t know</th>
<th>Date Diagnosed (MM/YYYY)</th>
<th>Type of Diabetes</th>
<th>Diabetes Medications</th>
<th>Insulin First Used (MM/YYYY)</th>
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### Section 3.1: Parents (Biological parents only)

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<tr>
<th>Father’s Name</th>
<th>First</th>
<th>MI</th>
<th>MM / DD / YYYY</th>
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<th>MM / YYYY</th>
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<thead>
<tr>
<th>Mother’s Name</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>MM / DD / YYYY</th>
<th>MM / YYYY</th>
<th>MM / YYYY</th>
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### Section 3.2: Siblings (Full brothers and/or sisters in order from oldest to youngest. Must have both biological parents in common.)

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>MM / DD / YYYY</th>
<th>MM / YYYY</th>
<th>MM / YYYY</th>
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### Section 3.3: Children of Adult Proband (In order from oldest to youngest)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>MM / DD / YYYY</th>
<th>MM / YYYY</th>
<th>MM / YYYY</th>
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### 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)

<table>
<thead>
<tr>
<th>Spouse’s Name</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>MM / DD / YYYY</th>
<th>MM / YYYY</th>
<th>MM / YYYY</th>
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## 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).

<table>
<thead>
<tr>
<th>No</th>
<th>Name &amp; Address (if local)</th>
<th>Relationship to Proband</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
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<td>4</td>
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</table>

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

<table>
<thead>
<tr>
<th>Signature of Family Representative</th>
<th>Date</th>
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</table>

## Section 5: Pregnancy

5.1 Is anyone listed in Section 3 pregnant at the present time?

- __ Yes  (Please complete information below.)
- __ No

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Expected Date of Delivery</th>
</tr>
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</table>

## 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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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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.