



Pathway to Prevention Study of the Development of T1D SCREENING FORM (NH01)

Version: February 17, 2012

Site Number: _____	Participant ID: _____	3-Letter FTL: _____
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A. Participant Eligibility*

1. Date Screened

____ / ____ / ____
MM DD YYYY

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

____ 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

1st Degree

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

2nd or 3rd Degree

- aunt
- uncle
- cousin
- grandmother
- grandfather
- niece
- nephew
- half-brother
- half-sister

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

Last First Middle Initial

2. Address

Street Address

City State/Province Zip/Postal Code Country

3. Phone Number

(____) _____ Preferred Number (____) _____ Alternate Number (____) _____

4. Email Address (optional)

5. Social Security Number (optional)

- -

6. Date of Birth

____ / ____ / ____
MM DD YYYY

7. Sex

M F

8. Ethnicity:

Hispanic or Latino Not Hispanic or Latino 3 Unknown

9. Race (check all that apply):

- | | | | | |
|--|----------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> American Indian/
Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African
American | <input type="checkbox"/> Native Hawaiian/Other
Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Unknown/Not
Reported | <input type="checkbox"/> 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 to participant:

Mother Father Guardian(s)

12. How did you first hear about TrialNet? (check all that apply):

- | | | | |
|---|---|-----------------------------------|---|
| <input type="checkbox"/> TrialNet Site | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Brochure | <input type="checkbox"/> Health Care Professional |
| <input type="checkbox"/> Toll Free Phone Number | <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Poster | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Meeting/Presentation | <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |

C. Clinical Site

1. Where did Initial Screening blood draw occur? (Check One)

TrialNet Site Camp Walk Kit (Lab/Participating MD) Other _____

2. Screening Site Number: _____

3. Did participant consent to continued storage of residual blood samples in the NIDDK Repository after TrialNet has ended?*

Yes No
 Unknown

4. Date informed consent signed:

Signature: _____ Date: _____

____ / ____ / ____
MM DD YYYY

Autoantibody Specimens
Collected:

Barcode: TN _____
Barcode: TN _____

Collection Date: _____