Diabetes Mellitus Type I
IDGN-DM-A01

I. INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRITERIA	Yes	No
1.Subject is diagnosed with **Type I** Diabetes Mellitus according to the etiologic classification of Diabetes Mellitus proposed by the International Expert Committee under the sponsorship of the American Diabetes Association on May 1997.	☐	☐
2. All 4 grandparents are of Ashkenazi ethnic origin as declared by the subject.	☐	☐
3. Subject or Subject's legal representative has signed the informed consent form.	☐	☐

EXCLUSION CRITERIA	Yes	No
1. Subject is diagnosed with non-**Type I** Diabetes Mellitus.	☐	☐
2. Subject is a known carrier of a blood transmitted infectious disease. Conditions in which phlebotomy is contra-indicated.	☐	☐

Subject is eligible for the study, if all INCLUSION criteria are YES and all EXCLUSION criteria are NO.

INVESTIGATOR'S STATEMENT

I have verified the data entered in the Case Report Form and have determined that it is complete, accurate and compatible with the source documents.

_____	_____	☐☐ / ☐☐ / ☐☐
Investigator's name (printed)	Investigator's signature	Day Month Year

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II. DEMOGRAPHICS

1. Sex: ☐ Male

☐ Female

2. Year of birth: 1 9 ☐ ☐

3. Country of birth: _____

4. Year of immigration: ☐☐☐☐ (If applicable.)

5. Ethnic origin: ☐ Ashkenazi*

☐ Sepharadi*

☐ Mixed**

☐ Other: _____
specify

* All 4 grandparents are of the same ethnic origin as declared by the Subject.
** Not all grandparents are of the same ethnic origin.

6. Height* ☐ ′ ☐☐ ″

7. Weight* ☐☐☐ lbs.

*** If measurements cannot be carried out, subject declaration is sufficient.

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III. FAMILY HISTORY

1. Mother		**2. Father**	
	Country of birth		Country of birth
1.1 Mother:	_____	2.1 Father:	_____
1.2 Grandfather:	_____	2.2 Grandfather:	_____
1.3 Grandmother:	_____	2.3 Grandmother:	_____
1.4 Mother suffers from **DM Type I:**		2.4 Father suffers from **DM Type I:**	
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	

2. Blood relatives:

3.1 Number of brothers and sisters: ☐☐

3.2 How many of them suffer from **DM Type I?** ☐☐

4.1 Number of uncles and aunts: * ☐☐

4.2 How many of them suffer from **DM Type I? *** ☐☐

5.1 Number of first degree cousins: * ☐☐

5.2 How many of them suffer from **DM Type I? *** ☐☐

6.1 Approximate age at onset for the 5 closest blood relatives with **DM Type I**. *

Age at onset: ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

* If exact number is unknown, give approximate number.

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IV. MEDICAL HISTORY

1. Type of DM Type I: ☐ Autoimmune* ☐ Idiopathic ☐ Unknown

* Positive anti GAD/ICA 512/IAA antibodies

2. Age at onset of DM Type I: ☐☐

3. Diabetic ketoacidosis at diagnosis : ☐ Yes ☐ No

4. Diabetes Mellitus complications:

	Yes	No	Unknown
a. Diabetic ketoacidosis (ever):	☐	☐	☐
b. Circulatory abnormalities:			
b.1. Peripheral vascular disease	☐*	☐	☐
***If yes, specify:** Patient's complaints/Diminished pulses	☐	Doppler/Imaging	☐
b.2. Stroke	☐	☐	☐
b.3. Coronary artery disease	☐*	☐	☐
***If yes, select one or more:** E.K.G changes	☐	Stress/Imaging test	☐
PTCA/PCI	☐	MI ☐	CABG ☐
c. Retinopathy:	☐*	☐	☐
***If yes, specify:** Background type	☐	Proliferative type	☐
d. Neuropathy:	☐*	☐	☐

***(Yes if suffers from peripheral polyneurophathy, mononeuropathy or autonomic dysfunction.)**

e. Nephropathy:	☐*	☐	☐
***(If yes, select one or more.)** Microproteinuria	☐	Macroproteinuria	☐
Nephrotic range proteinuria	☐	Renal failure	☐
f. Erectile dysfunction:	☐	☐	
g. Diabetic foot ulcer/s:	☐	☐	

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h. Dyslipidemia, latest blood results:

	Normal	Borderline	Abnormal
HDL-Cholesterol	☐ >60 mg/dL (>1.55 mmol/L)	☐ 35-60 mg/dL (0.9-1.55 mmo/lL)	☐ <35 mg/dL (<0.9 mmol/L)
LDL-Cholesterol	☐ <130 mg/dL(<3.36 mmol/L)	☐ 130-160 mg/dL (3.36-4.11 mmol/L)	☐ >160 mg/dL (>4.11 mmol/L)
Total Cholesterol	☐ <200 mg/dL (<5.2 mmol/L)	☐ 200-240 mg/dL (5.2-6.18 mmol/L)	☐ >240 mg/dL (>6.18 mmol/L)
Triglycerides	☐ <160 mg/dL (<1.8 mmol/L)	☐ 160-200 mg/dL (1.8-2.25 mmol/L)	☐ >200 mg/dL (>2.25 mmol/L)

Was the patient under treatment when these results were obtained? Yes ☐ No ☐

j. Other complications: Yes ☐* No ☐

***If yes, specify**: _____

5. Hb A_1c, last 4 results:

1. ☐☐.☐ gr % **2.** ☐☐.☐ gr %

3. ☐☐.☐ gr % **4.** ☐☐.☐ gr %

6. Co-morbidity:

a. Hypertension: Yes ☐* No ☐

*Is the patient under treatment for hypertension? Yes ☐ No ☐

b. Smoking:

Currently ☐ Quit within past 5 years ☐ Quit prior to 5 years ☐ Never ☐

7. Other chronic diseases: No ☐ Yes ☐*

*** Specify:** a._____

b._____

c._____

d._____